link with pipe smoking at all.[158] This was really the beginning of a trend away from the cancer trail. This trend was clearly evident in Australia through increasing research on the role of the sun in causing cancer of the skin.[159] A most interesting paper that showed the trend in serious Australian medical thinking was that in the *MJA* by Dr. E. H. Molesworth, "Prevention of Cancer of the Skin and Buccal Cavity". This dermatology specialist from Sydney University attacked as an "old idea" the lip cancer/smoking link. Smoking of hot clay pipes—long thought to be the culprit—has decreased, Dr. Molesworth observed, yet the disease remained prevalent. Moreover, he noted, "many women smoke nowadays but cancer of the lip is still much rarer than with men." Nowhere did Dr. Molesworth notice that women smoked cigarettes, not pipes, and thus did not provide a reliable control group. Molesworth suspected that sun cancer was implicated, as 95 percent of the cancers occurred on the lower lip and were more common in men with outdoor occupations. On the related subject of tongue and mouth cancer, Dr. Molesworth was not so sure that smoking could be completely absolved. He believed that smoking was implicated, but nevertheless observed that these cancers were also commonly associated with syphilis; as the incident of syphilis had diminished with the use of better drugs to combat venereal diseases, Molesworth hypothesised that the observable decline of tongue and mouth cancer might be associated with this shift.[160]

In part, the change in explanation reflected the growing understanding that smoking pipes could not in itself "cause" cancer. Researchers reasoned that other factors, such as hereditary characteristics might be involved. The "irritation" of the pipe could only be the contributory cause.[161] Since cancer attacked so many parts of the body, the researchers tended to reason that some root cause must be sought. In the 1920s, they investigated germ theories, and various sources of infection such as the influenza epidemic of 1918-19 were examined because of their general impact on the community. It was also suggested that the TB bacillus might cause cancer.[162] Doctors noted the strange phenomenon of a decline in TB that went alongside a rise in the incidence of lung cancer in the 1920s and 1930s.[163] The issue of war-gasses received attention too, only to be dismissed in one review highlighted by the MJA. But the same review asserted: "True influenza is a common antecedent to cancer of the

---

158 "Ministry of Health Reports on Public Health and Medical Subjects, no. 59, 1930," in *The Practitioner*, October 1930, p. 556.

159 Val McDowell, "Some Observations in Radium Treatment of Cancer of the Tongue," *Medical Journal of Australia*, 15 August 1936, p. 219, neglects even to mention the effects of tobacco while discussing the impact of other cancers, syphilis, and "insanitary conditions of the mouth."

160 *Medical Journal of Australia*, 13 August 1932, p. 198.

161 Mullin, *Australasian Medical Gazette*, 20 January 1896, p. 8.

162 Dr. J.H. Cumpston, Commonwealth Director of Health, reported in *Sydney Morning Herald*, 27 April 1929.

163 Dr. J.V. Duhig, reported in *Sydney Morning Herald*, 3 August 1932, reviewing research developments.

2504086271

Z0200171332

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

lung."[164] All of these hunches led nowhere, but they did take up valuable research time and money.

Epidemiology, which in a primitive form lay behind ~~both~~ the anti-smoking message of Francis Molesworth and ~~the~~ early analysis of lip and tongue cancer, received little serious attention from medical authorities and researchers in relation to possible environmental causes of cancer in the 1920s and 1930s. Whenever environmental causes were suggested, such as road tar, industrial pollution, World War One gases, or tobacco smoke, these were dismissed by health authorities without resort to systematic statistical analysis or reference to control groups. Many doctors appeared to be uncomfortable with the use of such large-scale studies and statistical methods, despite the use of epidemiology in the area of infectious diseases. many doctors argued from clinical studies and anecdotal evidence in their reports on cancer in the *Medical Journal of Australia* and other publications. One doctor referred to Molesworth's claims contemptuously as "yards of statistics."[165] The statistical procedures for handling the problem through sampling and control groups existed, and were already being exploited in America in the subject of intelligence testing during the first world war.[166] Of course there were a number of obstacles to overcome which were genuine. One key problem for doctors was accuracy of diagnosis. In 1927 the *MJA* noted "A correct estimate of the incidence of such an obscure condition as primary malignant disease of the lung will not be made until more autopsies are carried out."[167] As late as the mid-1940s, the *Medical Journal of Australia* highlighted the case that the increase in lung cancer was not real but the product of better diagnosis. "The general increase in lung carcinoma, estimated in five-year periods, is striking, but when controlled by comparison with other forms of carcinoma, the increase does not appear to be excessive."[168] Especially important in maintaining an appearance of an increase was the introduction of "modern work on the differentiation of these tumours, and by more accurate clinical diagnosis, by the use of more exact methods of examination, such as bronchoscopy and biopsy."[169]

At no stage did Australian doctors attempt to assess the problem by looking at a control group of non-smokers. They did not take up Dr. George Mullin's suggestion to this effect in the *Australasian Medical Gazette* in 1896. Mullin, after noticing the correlation of males with oral cancers, simply stated, "It would, however, be interesting to know whether

---

[164] *MJA*, 7 February 1931, p. 172.
[165] In Molesworth, *Downfall of Demos*, pp. 95-96.
[166] See Richard H. Shryock, "History of Quantification in Medical Science," in Harry Woolf, ed., *Quantification* (Indianapolis, 1961), pp. 95ff.
[167] *Medical Journal of Australia*, 5 November 1927, p. 652; also 25 April 1936, pp. 581-82.
[168] *MJA*, 14 October 1944, pp. 412-13; See also "Diseases and Causes of Death," *Australasian Medical Gazette*, 20 March 1907, p. 128, on the absence of a consistent international classification system; the writer notes that "the classification actually in use neither corresponds to the needs of medical science, as it stands to-day, nor does it satisfactorily admit of a wide field of comparison".
[169] *Medical Journal of Australia*, 14 October 1944, p. 413.

2504086272

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

such cancer is more common among non-smokers than smokers."[170] Another ignored suggestion was that of the American I. Adler's 1912 *Primary Malignant Growths of the Lungs and Bronchi*.[171] The 374 cases studied in New York yielded a 2:1 male excess in lip and mouth cancer, and Adler suspected tobacco, alcohol and other environmental factors such as particular trades. But still no control group had been studied. Pioneering studies undertaken by the Argentinian Professor A. H. Ruffo, Director of the Institute of Experimental Medicine at Buenos Aries, pointed to the availability of reliable control groups. In 1930 he reported that all cases of women getting cancer of the mouth were smokers in a largely non-smoking population, and that 92 percent of all patients with mouth and larynx cancer were heavy smokers. This data was reported in Rolleston's "The Cigarette Habit," published in Britain and circulated in Australia. The paper was however neither reported nor followed up in the Australian medical literature, though the article was featured in *Grit* and *White Ribbon Signal*. *Grit* included a long section on "The Cigarette Habit and Cancer" directly drawn from Rolleston's account.[172] Women, who could be taken as a largely non-smoking population for the purposes of any study in the 1920s that sought retrospective data, were suitable to use as a control group. However authorities made no effort to understand the problem further by replicating this or similar suggestive studies done in Germany and reported by Rolleston.[173] More comprehensive studies were beginning to be undertaken in America and Germany at the end of the 1930s, but all of these were quickly interrupted by the demographic upheavals of World War Two.[174]

The neglect of these pioneering overseas studies reflected not only the presence of alternative hypotheses about the causes of cancer, but also an unwillingness to take the issue of smoking seriously for social and cultural reasons. This unwillingness was strong among Australian doctors in the 1930s, as reported in the *MJA*, and in doctors advice columns in daily newspapers and women's magazines of the 1930s. As the *MJA* itself noticed, many doctors smoked.[175] Also, the sheer persistence of pipe smoking in the face of medical evidence of the links with lip cancer over the course of one hundred years made some doctors sceptical or cynical concerning the efficacy of an anti smoking campaign. Dr. Molesworth appeared to be motivated in part by disillusion at this failure of the older attempts to condemn smoking as cancer causing. He concluded that "a

---

170 *Australasian Medical Gazette*, 20 January 1896, p. 8.

171 (New York: Longman H. Green, 1912); Johannes Clemmesen, "Lung Cancer from Smoking: Delays and Attitudes, 1912-1965" *American Journal of Occupational Medicine* 23 : 941-53 (1993): 942.

172 *Grit*, 22 September 1932, p. 10; *White Ribbon Signal*, 1 September 1932, p. 164, 1 December 1932, p. 236.

173 J.D. Rolleston, "The Cigarette Habit," *British Journal of Inebriety*, vol. 30 (July 1932), pp. 20-21.

174 Clemmesen, "Lung Cancer from Smoking: Delays and Attitudes," pp. 943-44.

175 *Medical Journal of Australia*, 20 February 1937, p. 297.

2504086273

202001171334

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

campaign against smoking is obviously futile" but "even if possible, the benefits to be looked for are problematical."[176]

In this defeatist and sceptical climate, other competing theories easily displaced the earlier emphasis on tobacco. The theory of the skin cancer explanation for lip cancer won considerable backing, for instance. It was mentioned in the press,[177] and "confirmed" by research done by a Dr. Bromhall in Western Australia. This concern resulted in warnings by the various cancer authorities against the "dangers of sunburn."[178]

Of course skin cancer research could lead the trail away from tobacco, but could not explain many cancers. "Cancer Research: Theories and Facts" in the *Sydney Morning Herald* in 1928 discussed concerns expressed at the cancer conference in London: "It has been suggested by some that smoking is one of the kinds of irritation that are dangerous, and that sunlight is another; but in neither case is there anything approaching the weight of evidence that has been adduced against coal tar."[179] The presence of severe atmospheric pollution from chimneys in major cities of the world and the introduction of the motor car and bituminised roads pushed researchers and the public in this direction.[180]

However, tobacco itself included tars, and because tars had been used to induce cancer in mice by Japanese researchers as early as 1915,[181] cancer researchers in Australia did explore the possibility that tobacco tars might cause tumours in humans, including in the lungs. Despite the continuing question mark over tobacco, nothing was proven. In the 1920s and 1930s, these experiments failed to produce positive results. In 1929, the *Sydney Morning Herald* announced that smokers would "be reassured by a report of the grand council of the British Empire [Cancer] Campaign that after a series of experiments, it has been found impossible to prove that tobacco smoking has any effect as a cancer-producing agent either on the tongue from pipe smoking or on the lungs from cigarette smoking."[182] Further tests in the early 1930s confirmed these results. The Victorian Government's *Health Bulletin* reported: "Certain tars, for example, have been extracted from tobacco during its consumption in wooden and clay pipes in conditions resembling as closely as possible those met with in ordinary smoking."[183] The tars produced, however, did not except in one isolated case, produce cancer in rabbits.

---

176 Ibid., p. 199.
177 *Sydney Morning Herald*, 4 September 1929, p. 15.
178 *Sydney Morning Herald*, 4 September 1929.
179 *Sydney Morning Herald*, 28 July 1928.
180 On the extent of the smoke nuisance, which shows no correlation drawn with tobacco smoke, see *Twenty-Second Annual Conference, The Health Inspectors' Association of Australia (New South Wales Branch)* (n.p., 1933), p. 49.
181 *Dental Journal of Australia*, 2 November 1925, p. 499; Dr. E.H. Hipsley, "Smoking and Lung Cancer," *Health: Journal of the [Commonwealth] Department of Health*, vol. 5 (June 1955), p. 53.
182 *Sydney Morning Herald*, 9 July 1929.
183 *Health Bulletin*, Nos. 31 and 32, 1932 (Vic), p. 961.

2504086274

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

These tars were extracted from pipes, and because they did not meet the conditions of cigarette condensation, they were not representative of cigarette smoke, which, after all, became the target of more recent research. This was a typical problem which plagued virtually all attempts to find the sources of tobacco carcinogens in the 1930s and 1940s. For example, two attempts to find the properties of arsenic in tobacco smoke, undertaken in 1934 and 1945, and reported by the British Empire Cancer Campaign, were vitiated by the "artificial method of smoking" used. Air was drawn through a pipe, cigar, or cigarette from an artificial smoking device, but researchers could provide "no warrant the apparatus reproduces the conditions present when tobacco is smoked in the usual way."[184] Argentinian Prof. Ruffo claimed in 1939 to have produced and isolated benzpyrene. This was a substance believed by Ruffo and by a number of later medical authorities to be, as one Australian Commonwealth Health Department official put it, "a known potent carcinogen," but Australian health authorities noted as late as the mid-1950s that this work had not been replicated for tobacco smoke.[185] Not until the 1950s did the Americans Wynder, Graham and Croninger conduct experiments in which they "painted cigarette smoke condensate on the shaven skin of mice" and "malignant growths developed in a high percentage of cases." Some popular encyclopedias available in Australia, as well as publications of the Commonwealth Health Department, publicised these findings.[186] The Commonwealth Health Department noted that the three Americans' work "leaves no doubt that tobacco tar used in this way is carcinogenic." But some of the popularisers of these findings were more guarded. "In other experiments," one standard encyclopedia circulating in Australia reported in an extensive treatment of the same issue, "cigarette smoke condensate failed to produce cancer in experimental animals."[187]

c. (iii): The Specific Case of Lung Cancer

All of this concern with the links between tobacco smoking and cancer related to the search for a root cause of all cancer. Little of the debate concerned lung cancer, and on this point, the medical profession and the anti-smoking movement were similar in approach. Neither highlighted this aspect of cancer, because lung cancer was not prominent in Australia, even in the 1930s. The incidence was much lower than for stomach cancer and a number of other cancers. The Victorian Anti-Cancer Council pamphlet of 1940, *What Every Adult Should Know about Cancer* placed lung cancer among the "less common forms of cancer".[188] The incidence of lung cancer was much greater in many other countries, and these were

[184] British Empire Cancer Campaign, *Twenty-Seventh Annual Report covering the Year 1949* (London: British Empire Cancer Campaign, n.d.), p. 100.
[185] Ibid.; Hipsley, "Smoking and Lung Cancer," p. 54. See also Roffo's work on the incidence of lip cancer, cited in Rolleston, "Cigarette Habit," p. 21.
[186] Hipsley, "Smoking and Lung Cancer," p. 54; *The Book of Popular Science* (New York: Grollier Society, 1963), vol. 5, p. 350.
[187] Hipsley, "Smoking and Lung Cancer," p. 54; *The Book of Popular Science*, p. 350.
[188] *What Every Adult Should Know about Cancer*, p. 14.

2504086275

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

more likely than Australia to devote research time, and space in medical journals, to the problem. As late as the 1960s, the lung cancer death rate in both Australia and New Zealand was about one-third of what it was in many European countries such as Germany and Britain.[189] But what is particularly significant in the Australian case is the failure even to note the existence of those American, German and other researchers who drew attention to the possible implication of tobacco in the causes of lung cancer in the inter-war period.

Lung cancer did not become a major subject of concern in the medical profession in the 1930s, therefore, because it did not stand out as a pressing problem in Australia. The *MJA* published just one major article and a handful of other items on the problem in the 1930s; nowhere was it indicated that tobacco smoking was implicated. No one followed up the early suggestion by Ross made in 1900. Indeed, one of the first men to research and write on the incidence of lung cancer in Australia was Dr. Cotter Harvey. His "Cancer of the Lung: A Clinical Survey of One Hundred Cases" was a paper discussed by the NSW Branch of the British Medical Association in 1935.[190] Harvey was later to become famous as an Australian ally of Alton Ochsner, the American surgeon who was prominent in the anti-cancer movement in the US in the early 1950s. Harvey disputed the idea that the incidence of lung cancer resulted from better diagnosis and argued that the increase was "to some extent real."[191] However, he made no reference at all to smoking and lung cancer, despite his prominence in the later debate in the 1950s and 1960s. Ochsner, in contrast, already suspected tobacco as early as 1939, long before the link was publicised in Australia.[192]

In contrast with Cotter Harvey, the profession as a whole remained unconvinced even that the increase was real. A *Medical Journal of Australia* editorial in 1944 cited an American study by Steiner, which "coincides with that of most pathologists, that there is no satisfactory evidence that there is a real increase in the incidence of primary carcinoma of the lung."[193] The *MJA* was also noted for the relative absence, in comparison with the British and American literature of discussion of the problem of lung cancer prevention and epidemiology. There was a much

---

[189] *Sun Herald*, 7 September 1965; *The Australian*, 8 September 1965. In the case of England and Wales, males suffered from lung cancer at 2.7 times the rate for Australian males.
[190] *MJA*, April 25, 1935, p. 565.
[191] Ibid., p. 566.
[192] See A. Ochsner and Michael DeBakey, "Primary Pulmonary Malignancy," *Surg. Gyn. Obstet.* 1939, pp. 68, 435-51 cited in John C. Burnham, "American Physicians and Tobacco Use: Two Surgeons General, 1929 and 1964," *Bulletin of the History of Medicine* 63 (1989): 19; R. B Walker, *Under Fire*, says that it was 1945 when Ochsner linked cigarette smoking and lung cancer (p. 72). Alan Blum, "An Appreciation: Alton Ochsner, M.D., 1896-1981," in Blum, ed., *The Cigarette Underworld* (Secaucus, N.J.: Lyle Stuart, Inc., 1985), p. 11, says Ochsner stated identifying this link even earlier, in 1936 and publicised it throughout the 1940s, but he provides no references. Ochsner's later work circulated in Australia. See *Smoking and Cancer: A Doctor's Report* (London: Frederick Miller, 1955).
[193] *MJA*, 14 October 1944, p. 13. This merely reiterated a viewpoint expressed in 1927. "Primary Carcinoma of the Lung," Ibid., 5 November 1927, p. 652 .

2504086276

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

greater concern in Australia throughout the period to 1950 with treatment issues like surgery, radium treatment, and detection.

d. Heart and other Circulatory Diseases

The expression "tobacco heart" was frequently used by anti-smoking activists, doctors and other health professionals.[194] The Wesleyan Conference in 1901 noted that "every doctor who has had much experience of life-insurance work is aware of the increasing number of 'Tobacco-hearts' which figure in the lists of the rejected."[195] Hammond varied the terminology slightly when he spoke in *Grit* of "cigarette heart" which "is so prevalent among the youths of America that fifty per cent of the candidates for admission to the navy of the United States are rejected on account of that complaint."[196] Tobacco heart referred to younger men experiencing rapid pulse rates and palpitations, but when older men suffered from angina, the cause was also ascribed to tobacco.[197] For Daniel Kress, tobacco's effects on the heart were general, systemic and pathological. It "not only weakens the heart's action, but in time brings about pathological organic changes in its structure." The damage was done in Kress's view by those "two deadly foes," carbon monoxide. and nicotine. Kress warned that "Carbon monoxide is especially destructive to the red blood cells, the oxygen-carriers to the blood, and in fact to all cell life."[198] The public was becoming aware of the rising incidence of heart disease in the 1920s and 1930s as people lived longer and deaths from infectious diseases like TB declined.[199] This created a favourable environment for anti-tobacco advocates to explore in the 1930s the environmental causes of this rising incidence of heart disease. George Dupain complained in *Health and Physical Culture* directly about tobacco and the heart, but also raised the related problem of blood pressure. The article was illustrated with a graphic picture of a skull with the caption "Nicotine Smoke—High Blood Pressure—Finish".[200]

Medical opinion also came to view tobacco's effects on the heart and blood pressure more suspiciously in the 1930s, but it did so with the same reluctance shown in the case of cancer. The *MJA* published a number of articles critical of tobacco's effects on the circulation, though the *MJA* was more conservative than the lay publicists and fringe medical professionals in blaming tobacco for the more serious aspects and forms of heart disease. As was the case for lip cancer, tobacco was seen more as a contributory cause. The *MJA* observed that "a good deal of vague and confused thinking surrounds the subject of tobacco smoking. . . It may well be that

---

[194] For a review of the literature, see Rolleston, "The Cigarette Habit," pp. 11-14, esp. p. 12.
[195] Molesworth, *Downfall of Demos*, pp. 54-55. See *Bulletin*, 13 April 1901.
[196] *Grit*, 23 February 1911, p. 8; also Ross in *Sydney Morning Herald*, 6 April 1899, in Muskett Collection.
[197] Rolleston, "The Cigarette Habit," pp. 11-14.
[198] Kress, *Tobacco Habit*, pp. 6, 10; see also Koonin, *Food or Drugs?*, p. 62.
[199] *Sydney Morning Herald*, 16 June 1938, p. 5.
[200] *Health and Physical Culture*, 1 September 1933, p. 13.

2504086277

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

in persons predisposed to the development of vascular disorders . . . excessive smoking hastens the onset of the disease and is a factor associated with the appearance of *angina pectoris*." Yet the *MJA* clearly suspected that nicotine or tobacco smoking in general was not the cause of the diseases of the heart since so many people smoked without apparent damage. "Countless thousands of apparently healthy men and women consume immense quantities of tobacco for many years; and in certain parts of Central and South America, where people of all ages and both sexes smoke long, strong, green cigars, arteriosclerosis is very rare."[201] Despite an admission two years later, in 1938, that "there is a growing body of opinion among the members of the medical profession and the lay public alike that smoking is harmful and that it has deleterious effects upon the function and structure of the components of the vascular system," the *Journal* was still cautious. It cited the absence of "convincing proof" that the heart itself, rather than the coronary system as a whole was "primarily affected by smoking." The "whole story is not told and we must suspend judgement, especially as regards the heart itself."[202] These and other comparable articles published in the 1930s and 1940s were based on American studies, which showed the tendency to turn toward the US and also the greater interest in this subject in American than in British medical circles. The results of this research was disseminated not only in the medical and pharmacological press but also in the daily press. "Medicus" told *Sydney Morning Herald* readers in 1938 that "physicians now strongly suspect that tobacco causes actual organic thickening and narrowing of the blood vessels of the heart . . ." This helped explain the "vital statistics" which showed "an ever-increasing loss to the community (and to families) through heart failure."[203]

e. Fitness

The fitness issue was closely linked with the question of tobacco's impact on the heart and lungs. Partly this emphasis on fitness reflected the tradition of "muscular Christianity" represented by men like Hammond, who himself had played Australian Rules football for Essendon's premiership winning team in 1897 and had given up smoking on the advice of his physical fitness trainer.[204] Hammond never forgot the lesson and reinforced by data from American research, hammered home the point that smoking insured a loss of physical as well as mental "efficiency".[205] Others besides Hammond in the anti-tobacco movement

---

201 "Nicotine, " *MJA*, May 23, 1936, p. 721.

202 "The Effects of Tobacco on the Circulation," *MJA*, 18 June 1938, p. 1069. See also "Cigarette Smoking," 4 March 1939, p. 354: "information is accumulating which tends to show that smoking can be proved to have an effect upon various functions of the mammalian body"; and "The Effects of Cigarette Smoking," 1 February 1941, p. 151; on the other hand, "Tobacco, Alcohol and Angina Pectoris," 15 September 1934, p. 362, was based on an American study which concluded that tobacco did not cause but did aggravate attacks.

203 *Sydney Morning Herald*, 16 June 1938, p. 5.

204 *Grit*, 1 July 1926, p. 8; Mansfield, "Hammond," p. 179.

205 *Grit*, 7 November 1907, p. 1. The concept of "National Efficiency" was embraced by the anti-tobacco activists.

2504086278

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

invoked the "experience of athletes and record breakers." Often these were runners, or cyclists like Hubert Opperman, an icon of inter-war Australian sport, who told *Health and Physical Culture* that smoking and competitive cycling were incompatible. "Smoking and drinking intoxicants are, of course, the two things which bring the percentage of fitness down. Let them quote the man who trained on beer, smoked, and yet succeeded. But how much more outstanding would he have been had he kept a hold on himself. . ."[206] Don Bradman was another useful sporting icon to be invoked. Replying to a letter from the Band of Hope soliciting his opinion on the smoking issue, the champion cricketer stated that "the man who is a total abstainer and a non-smoker must necessarily have an advantage over the man who partakes of alcoholic liquor and smoke in a contest where physical endurance and quickness of thought and movement play a part."[207] Some other cricketers made no secret of their opposition to smoking either. The *Sydney Morning Herald* while reporting the Australian cricket team on board ship for the Ashes tour of England, noted that Bill Woodfull "does not drink, dance, or smoke, and his example is followed in a lesser degree by a number of the others."[208] Reports such as these featured quite often in the daily press and sporting magazines and, partly as a result, the idea appears to have been quite common in popular culture that smoking could reduce physical fitness. Jean Curlewis, the novelist, has one character, a lifesaver, in her book, *Beach Beyond* (1923), say: "I had to limit my cigarettes to four a day as I never knew when the day would come when I should need every last fraction of my wind."[209]

Despite the example of Woodfull and Bradman, cricketers were often smokers, and the same applies to boxers; in fact the later were the group of sportsmen most likely to be depicted in the press as smokers. Footballers tended to be more quotable on the negative impacts on fitness. The legendary Dally Messenger, according to *Sporting Life*, "never drank or smoked during [his] football career",[210] and *Health and Physical Culture* could report in 1933 that in the Victorian Football League, "Smoking is never permitted in the dressing room at any time, and this is most rigidly enforced."[211] Tennis stars were more likely to offer anti-smoking testimonials than footballers, however. The Sydney dailies noted in 1936 that Jack Crawford, Vivian McGrath and Cliff Sproule were in strict training for the Davis Cup, and each was given a brochure on smoking "which points out that Tilden, Wilding and other great players never smoked when training for a Davis Cup match." Later Frank Sedgman, John Bromich, and other tennis stars of the immediate post-World War Two period would lend their credentials to the anti-smoking stance.[212]

---

206 *Health and Physical Culture*, August 1929, p. 56.
207 Molesworth, *Downfall of Demos*, p. 79.
208 Reported in *Grit*, 8 May 1930, p. 5.
209 *Beach Beyond* (London, Ward, Lock, and Co., 1923), p. 52.
210 *Sporting Life*, July 1948, p. 23.
211 *Health and Physical Culture*, 1 August 1933, p. 28.
212 *Grit*, 5 March 1936, p. 5; John Bromich, in *Sporting Life*, June 1949, p. 9.

2504086279

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

While some cricketers, champion tennis players and footballers in their prime were often non-smokers, it was in the endurance sports and particularly the track and field athletes that the non-smoking constituency was most frequently found. For New South Wales's King's Cup oarsmen in 1930, "cigarettes are taboo," *Grit* reported. Hammond argued that "many an athletic coach" was "doing the job the parson neglects. He is not afraid to say to those whose body he would make fit, 'don't drink, don't smoke.'"[213] George Dupain in "Is Smoking and Drinking Harmful to Athletes? " explained why track and field coaches took this strict line with their charges. He documented American heart research: "recent laboratory research has proved most of the earlier contentions that any form of smoking is . . . bad for athletes." Only a "fool or an ignoramus" would attempt to smoke if engaged in sporting activities, asserted Dupain. He admitted, however, that "in mere muscular work, such as weight-lifting short-distant sprinting, or any static athletic event, smokers and non-smokers cannot be differentiated as far as the actual feat goes."[214]

Ever since the American Dr. Frederick Pack's "Smoking and Football Men," published in *Popular Science Monthly* in 1912 showed that "in the case of able bodied men smoking is associated with loss in lung capacity to practically ten per cent" and that "only half as many smokers as non-smokers are successful in the 'try outs' for football squads," athletic coaches had pushed anti-smoking messages.[215] Another American, A.L. Fitch, writing *Success on Track and Field* for a New Zealand audience in 1938, noted that "all coaches prohibit the use of tobacco and alcoholic stimulants."[216] A champion Australian distance runner and sports administrator of twenty-seven years' standing, Alleyn Gainsford told *Sporting Life* in 1948 that smoking caused "a loss of efficiency" that was "enough to make the difference between winning and losing. Of course, there have been champion athletes who were heavy smokers, but their performances would have been just that much better if they hadn't smoked." "Your heart," a doctor told athletes in New South Wales in 1934, "is entirely responsible for the condition of your 'wind.' . . . Alcohol and tobacco were "therefore generally vetoed in training." It was "felt that this organ upon which so much depends should be left free from any irritation whatever. . ."[217]

The anti-smoking argument derived from athletics remained a powerful one into the post-war period. One of Australia's most famous coaches was Percy Cerutty who gave up smoking at the end of the 1930s to adopt a Spartan philosophy which made him state marathon champion.[218] Later,

---

[213] *Grit*, 10 April 1930, p. 4; 21 March 1929, p. 8.
[214] *Health and Physical Culture*, 1 October 1940, p. 15.
[215] Frederick Pack, "Smoking and Football Men," *Popular Science Monthly*, October 1912, pp. 336-44, quote at 344.
[216] A.L. Fitch, *Success on Track and Field* (n.p., 1938), p. 10.
[217] *Track and Field: Official Organ of the Amateur Athletic Association of New South Wales*, November 1934, p. 5.
[218] His opinions were hailed in the 1950s and 1960s by the Anti-Smoking League of Victoria, in *Smoking is Harmful*, Pamphlet Collection (n.p., n.d), Mitchell Library. This

2504086280

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

in the 1950s, he went on to coach many of Australia's leading distance runners, including the greatest of them all, undefeated world mile champion, Herb Elliott. According to Elliott, Cerutty went "from a tippling, cigarette smoking introvert," to become an "extrovert." Cerutty spoke of the smoker as "the Nicotine addict" and condemned tobacco on account "of its potency as a drug." It was "hard, very hard, and for some men impossible to relinquish the habit," he warned.[219] Cerutty's views influenced his greatest protege, who gave up smoking to train seriously for the Olympics. In 1961, Elliott stated in his own autobiography that "the worst habit an athlete can have is smoking, even in moderation. . . If you want to be a champion athlete avoid cigarettes like the plague."[220]

f. Moral objections

The moral arguments against smoking were more limited and more specific than the very general indictments concerning health. Some activists, like Hammond, saw smoking as an accompaniment of crime. *Grit's* cartoon images of cigarette and cigar smoking villains, gamblers and bootlegging criminals were vivid, though they drew upon common community stereotypes.[221] In fact, the suspicion surrounding smoking and criminality went deep and can be seen in the film villains of the silent era. Quite respected academic authorities sometimes shared the concern. The famous British sexologist and psychologist, Havelock Ellis, for instance, had argued in 1901 that "the use of tobacco starts earlier in the criminal than in the normal person", and Dr. J.D. Rolleston cited a number of other British and American authorities who thought along similar lines.[222]

But it is significant that these images for the period under study almost invariably concerned cigars and cigarettes, and particularly the latter. The moral arguments were directed primarily at new and unsettling forms of smoking behaviour, particularly youths and women, and to the phenomenon of cigarette smoking which these groups practiced. While anti-smoking activists knew that many moral men smoked, they mostly smoked pipes. While anti-smokers had many arguments against pipe smoking, criminal and immoral association was not one of them.

In contrast, activists typically treated cigarette smoking as an accomplice of immorality. Hard line anti-smoking journals like the *War Cry* regarded the cigarette as one of the great "moral traps of our great cities."[223] But the

---

pamphlet also stated that smoking "causes lung cancer, heart and other diseases. Shortens life by average 5/10 years."

219 Percy Cerutty, *Be Fit or Be Damned!* (London: Pelham Books, 1967), p. 68. See also, Herb Elliott, *The Golden Mile: The Herb Elliott Story as told to Alan Trengrove* (London: Cassell, 1961), pp. 45, 46, 149, for evidence of Cerutty's impact on sportsmen.

220 *The Golden Mile*, p. 149.

221 "You Can't Spoil Bad Eggs," *Grit*, 18 October 1934, p. 1; "Unwelcome Visitors —Brought to Us by the Radio," *Grit*, 14 May 1942, p. 1.

222 Cited in Rolleston, "Cigarette Habit," p. 23. See Ellis, *The Criminal*, 3rd ed. (1901), p. 131.

223 *War Cry*, 21 December 1929, p. 7.

2504086281

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

cigarette was always linked to other, deeper moral fears. Moral arguments concerned the loss of self-control involved in addiction, and were linked to fears of juvenile delinquency and sexual emancipation. Molesworth cited Daniel H. Kress that "the cigarette undoubtedly paves the way for the saloon, the reform school, and the penitentiary."[224] Crime was linked with insanity in this indictment. "Many of the most pitiable cases of insanity in our asylums are cigarette fiends," proclaimed an article in*Grit*. "It creates abnormal appetites . . . and, in many an almost irresistible inclination to crime. In fact, the moral depravity which follows the cigarette habit is something frightful." The article emphasised the "petty thefts and misdemeanours which boys commit in order to satisfy the cigarette mania."[225] These were powerful arguments behind the Juvenile Smoking legislation prior to 1910. New South Wales Colonial Secretary John See said in parliament in support of Dr. Ross in 1901: "The temptation to little boys to buy cigarettes and smoke them was greater than any other temptation to which they were subject. Perhaps more crime or wrongdoing by youths in the city and other places was engendered by the pernicious system of cigarette smoking than by any other cause."[226]

After World War One, the concern with delinquent boys was overtaken by another moral panic symbolised by the cigarette habit, woman's smoking. As in the case of smoking and juvenile delinquency, this was an area where the anti-smoking message did receive wider support in the community. Hammond denounced women who smoked, claiming their behaviour was imitative of males and despicable: "Women can smoke just like dogs can walk on their hind legs. Neither of them do it well, and there is no reason for their doing it at all." Added to the usual health reasons were those which alleged that smoking made women unattractive. "The odor of stale tobacco does not add to a girl's charm or attractiveness."[227] Mrs. Courtney Smith of the WCTU attacked "Jazz girls who smoked" and claimed the use of tobacco among young women led them on to other drugs.[228] The Dean of the Faculty of Medicine at Sydney University, Sir Thomas Anderson Stuart, told the Salvation Army congress in 1917 that young girls were more easily excitable than young men, prone to nerves and affected by poor diet and overwork. Above all, "they should be absolutely prohibited from smoking cigarettes," and from taking alcohol.[229] This went for all women, not just the young. "The whole nervous system of a woman was readily affected by stimulation of any kind. Quantities of tobacco that were only moderate for a man were quite excessive for a woman."[230] Herbert Schlink, the Macquarie St. Surgeon who in the 1950s discounted the lung cancer link, opposed women's smoking in the 1920s because it was injuring their beauty and health.

---

[224] *Downfall of Demos*, p. 51. Also see McClelland, "Dare we Smoke?" *Grit*, 3 June 1937, p. 2.
[225] *Grit*, 29 April 1909, p. 7.
[226] *NSWPD*, 8 October 1901, p. 1993.
[227] *Grit*, 21 January 1932, p. 9; see also "Smokes for Women, " 7 April 1932, p. 9; *Downfall of Demos*, p. 15.
[228] *White Ribbon Signal*, 26 April 1923, p. 2.
[229] *Pharmaceutical Notes and News*, 1 July 1917, p. 23.
[230] Quoted in *Downfall of Demos*, p. 14, from the daily press, 20 June 1917.

2504086282

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

"Incessant" women smokers were "becoming extremely nervous, neurotic and typical 'nerve' subjects for hospitals and specialists."[231]

The daily press in 1921 consumed much space attacking "the scandalous spectacle of women and girls drinking cocktails and smoking."[232] The Lady Mayoress of Melbourne, Mrs. J.L. Stein created a controversy and much publicity when she denounced "a growing tendency on the part of the society 'flapper' to smoke cigarettes on all occasions" encouraged "by their irresponsible young partners." She viewed this habit as involving "a degree of licence that is utterly deplorable."[233] Even some magazines like *Triad* that would otherwise have nothing to do with the anti-tobacco or temperance movements printed material urging "all women" to "shun" smoking or gave special advice favouring moderation in smoking by women.[234] Another journal, the *Ladies' Sphere*, did not condemn women smoking provided they did so in moderation, but attacked the "brainless" and "neurotic girls and women" who "thinks it smart to continually have a cigarette between her lips."[235] Women's magazines in the 1920s generally supported the anti-tobacco stand either implicitly by refraining from tobacco advertising, or openly by including some kind of anti-smoking information or advertisements. The *Home Budget*, one of these women's magazines, counselled women readers against smoking and promoted in its health column a smoke cure consisting of "a mouth wash for the palate and a tonic for the stomach. . . . This treatment [for 12/6d] invariably effects a cure."[236] The *Australian Woman's Mirror* took the line that young women should not smoke at all and older married women only in moderation. "I leave it to the girls who are now in the first flush of their youthful beauty" to realise that if they smoke "they must take the risk," said the writer. "It is an ugly habit, and the girl who begins early to smoke usually develops into the incurable addict." Like the more extreme anti-tobacco groups, Janine Jouet in the *Australasian Woman's Mirror* regarded it as axiomatic that "no expectant or nursing mother should smoke, because tobacco is to the child a slow poison." Its effects on beauty and grooming were also noted. "The fingers become stained an ugly yellow color which extends to the nails" and other effects included "yellowed or nicotined-browned teeth, bloodshot eyes and yellow skin."[237] Only in the mid-1930s did this very negative and censorious image change with the acknowledgment, made in such key publications as the *Australian Women's Weekly*, that "the woman smoker is no longer regarded as an offender against either morals or convention."[238]

---

231 *Downfall of Demos*, p. 18.
232 Reported in *Ladies' Sphere*, 16 January 1922, p. 11.
233 *Argus*, 22 September 1920, p. 18; see also on this, *White Ribbon Signal*, 1 November 1920, p. 3.
234 *Triad*, 10 July 1922, p. 47; a *Triad* cartoon was captioned: "Nowadays women think like men, dress like men, drink like men, smoke like men, and share the same adornments." 1 December 1927, p. 63.
235 *Ladies' Sphere*, 16 January 1922, p. 11.
236 *Home Budget*, 1 May 1926, p. 4; 1 January 1926, p. 6; 1 April 1926, p. 4; 1 May 1926, p. 4.
237 *Australian Women's Mirror*, 24 December 1929, p. 28.
238 *Australian Women's Weekly*, 19 January 1935.

2504086283

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

These attacks had a certain misogynist element. They reflected fears over the emancipation of women and freer sexuality. Alternative health expert, R. de Villiers Dreyer, concluded that "the girl who smokes may have sex resistance, but the habit undermines that resistance, and sooner or later makes even the strongest character supine to promiscuous persuasion. . . Hence 'nice' people observe that smoking and easy virtue go hand in hand, at least where girls are concerned."[239] Hammond's misogynist attack claimed that women were "the world's greatest problem. Many women seem very determined to prove that they are not what we believed and always hoped they were. . . They smoked a man's cigarettes to-day, when, fifty years ago, they spanked a boy for doing that very thing." Hammond's anxieties about freer sexuality were revealed in the same article when he attacked scantily clad flappers. The woman smokers were the very same women who "wear less and pay more for it than of old and seem to take a devilish delight in inciting men's physical passions by their tricks of undress, and when they succeed they call the man a beast."[240]

Yet the indictment did have a strong health message as well. Hammond quoted a speaker at the annual meeting of the Anti-tuberculosis Association of NSW who said that TB was increasing among young women due to "the cocktail habit, smoking, and the wearing of insufficient clothing."[241] Hammond believed tobacco not only spelt ill-health for women, but for their off-spring as well. He reported that "a survey of 5000 maternity cases in Washington reveals that in no case where the mother was a cigarette smoker could nurse her baby." Moreover, "a leech put on the arm of one of the mothers died from nicotine poisoning, drawn from her system."[242] The WCTU also publicised the issue of smoking and motherhood, claiming on the basis of American research that "Unborn Babies 'Smoke."[243] The *White Ribbon Signal* announced: "a women's organisation that stands for the uplift of our sex" must "deplore the spread of smoking among women and girls."[244] It also quoted alarmist American claims that "60 per cent of all babies born from cigarette smoking mothers die before they reach the age of two, due primarily to nicotine poisoning." The WCTU's motto on smoking was "do not sin against the child."[245] The *White Ribbon Signal* also referred to an article by eminent medical authority Sir William Arbuthnot Lane in the *Sydney Morning Herald*, where the impact of smoking on eyesight received attention. The WCTU's health adviser, Margaret Faithful, attacked women's smoking because, as Lane mentioned, young typists "who are excessive smokers have had to obtain a larger type for the pages to be copied from."[246]

---

239 R. de Villiers Dreyer, *The Supreme Law* (Melbourne: Ruskin Press, 1931), pp. 184-85.
240 *Grit*, 1 September 1932, p. 8.
241 Ibid., 22 September 1932, p. 5.
242 *Grit*, 28 July 1932, p. 5.
243 *White Ribbon Signal*, 1 May 1935, p. 82.
244 Ibid., July 1942, p. 88.
245 *White Ribbon Signal*, 12 January 1928, p. 3.
246 Ibid., 12 February 1928, p. 4; see also *Downfall of Demos*, p. 16.

2504086284

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

g. Economic Objections

An interesting part of the anti-smoking argument was the assertion that cigarettes represented money gone "up in smoke." At a time much less affluent than today, this was a significant objection, though one not directly related to the health issue. Economic objections were illustrated especially in the way Hammond used the experience of the great depression. Hammond was a great supporter of the poor, and his arguments that money was being wasted while other starved was one of his most persistent claims.[247] "Fancy this enormous sum of money from smoke-- it seems incredible. Tobacco is a hole in the national income pocket, second only to Booze." *Grit* asked how a government Director of Tobacco Investigations for Australia could be paid £1000 a year with "half of Sydney living on the dole."[248] This was not only an argument related to social conscience, however. "More money is spent on advertising-- let alone smoking-- cigarettes in Australia in one month than is spent by the Church in Australia on Foreign Missions in a year."[249] Hammond was not alone in this judgment of waste. The Broadcast Tract Mission in South Australia drew attention also to "fags and finance" and speculated "What if this waste (or worse) was invested to prevent and relieve unemployment?" For the Mission, it was a case of "cigarettes or sustenance."[250] In reality, although the government "susso" of the 1930s prohibited exchange in stores for a tobacco ration, this rule was apparently often flouted for males in recognition of the widespread practice of smoking. However, the provision of tobacco under "susso" did not, Kylie Tennant reported in her vivid, realist novel about the unemployed, *The Battlers*, include women. They were denied the privilege.[251] As economic conditions improved, the argument about waste became more difficult to sustain, but it remained part of the anti-tobacco arsenal that revived in the cost-of-living issue in the 1950s. Particularly important was the proto-feminist controversy in the *Sydney Morning Herald* in 1955 that women and children nearly starved while their working-class husbands spent the family wages on tobacco and beer.[252]

---

[247] E.g., *Grit*, 18 June 1931, p. 5; 21 June 1934, p. 5; 12 December 1935, p. 10; 20 May 1937, p. 5; 19 September 1929, p. 8.

[248] *Grit*, 18 June 1931, p. 5.

[249] 27 November 1930, p. 2.

[250] Broadcast Tract Mission, *The Effect of Cigarette Smoking* (Adelaide: The Mission, n.d., c. 1930), p. 30; see also J.B. Auslebrook, "A Brochure on the Cigarette Smoking Habit, and Its Effects on Human Life," cited in *Grit*, 5 March 1942, p. 5.

[251] Kylie Tennant, *The Battlers* (1941; London: Macmillan, 1954), p. 31, tells the story of a storekeeper who obeyed government rules and refused to supply tobacco to a women on relief; (supplying to men, though also banned, accordin g to Tennant, was often ignored). The storekeeper was a Methodist preacher "and he disapproved of women smoking." The woman "had demanded a two-ounce tin of the cheap, strong weed that, from the taste, might be anything from horse-dung to dried rope." Tennant also noted that men couldn't object to the price of goods in an order because the grocer could then bribe them by refusing to supply tobacco "and a bagman would sooner do without food that a smoke." (p. 31).

[252] *Sydney Morning Herald*, 27 August 1955, p. 2; 1 September 1955, p. 2; 2 September 1955, p. 2

2504086285

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

h. Addiction

Activists reflected the widespread confusion in medical circles over whether smoking was truly addictive or merely a habit, and if addictive, just how addictive it was in comparison with drugs like opium. They used the term "addict" but used it loosely alongside other terms derived from the moral reform movements of temperance and anti-opium agitation. Terms like "craving", "intoxication", and "narcotic" indicated the uncertainty about the exact pharmacological properties of nicotine and other constituents of tobacco. Edward Cole cited the author of *The Tobacco Craze* who said: "Why is Tobacco so generally used, and why are so few efforts made to save the world from its deadly influence? . . . Because of its intoxicating property; the appetite and habit is so strong that the grave must open to make a man throw away his quid or his pipe." [253] This use of the word "intoxicating" was less common than the term "narcotic" but the use of both shows how strong the relationship was between the conceptualisation of tobacco, narcotic drugs and other stimulants, and conceptualisation of the addictive and habit-forming qualities of tobacco. Francis Molesworth stated in 1930 that "tobacco is really a narcotic drug, neither more nor less."[254]

Though inaccurate from a medical point of view, these comparisons served the purpose of anti-tobacco activists who were concerned to impress upon the community just how hard it was to give tobacco up. This argument was based on the observations of the dependence of smokers on their habit. In "Breaking the Smoking Bondage," *Grit* editor Robert Hammond argued that "very few smokers ever attempt to give up smoking. . . . I have lived with a man who gave up smoking, and for several days was unbearable. Then he came in one evening cheerful and pleasant and smelling strongly of smoke. . . . It is a real slavery, a relentless bondage, and a 'thing' that enthrals a man."[255] Some of Hammond's readers, including one ex-smoker, agreed. E.H.T. in "Pity the Smoker" called tobacco "deadly " and a "narcotic" that "fetters the victim in an ironclad habit." He based this conclusion on personal experience. "It is seven years since I have smoked. And every part of me, from the tendon achilles to the medulla oblongata, is crying like a Klaxon for a cig."[256]

The habit-forming qualities of the drug nicotine helped activists to explain why tobacco did so much damage. Smokers continued to smoke even though their bodies were being damaged, and they smoked excessively and thus put greater strain upon their organs. In the words of Ellen White, Seventh Day Adventist leader, tobacco was a "slow, insidious, but most

253 Quoted in Cole, *Apples and Tobacco* (Melbourne: The author, n.d., c. 1912), p. 60.
254 *Downfall of Demos*, p. 11.
255 *Grit*, 17 February 1938, p. 8. See, also, for example, *Grit*, 19 September 1929, p. 10. "Many a man refuses to face the fact that the only reason he does not give up cigarettes is because he cannot."
256 *Grit*, 12 August 1937, p. 6.

2504086286

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

malignant poison."[257] The terminology of addiction did not mean, however, that anti-smoking activists admitted that the problem was a purely medical one. Like other aspects of the health argument, the argument about tobacco's habit-forming qualities had moral implications. The physical dependence that a habit-forming drug entailed meant that "morals retreat."[258] In Hammond's view, "since in varying degree tobacco forms a powerful habit and does an appreciable amount of physical harm, it is impossible by the most specious argument to free it from the taint of wrong—since what is physically harmful cannot be morally right."[259]

i. Poisoning

A large part of the anti-tobacco movement's armory of medical evidence stemmed from the discovery that nicotine was a dangerous poison. "The isolation and synthesis of nicotine by the end of the nineteenth century" and the confirmation of its "extreme toxicity" at the same time, was crucial in the conceptualisation of tobacco's ill-effects.[260] "The main argument against the smoking of tobacco has," Philip Joyce explained in *Health and Physical Culture*, "been based upon the injurious effects of that very potent poison—nicotine."[261] The "poison contained in a single pound of tobacco," claimed American authority J.H. Kellogg, "is sufficient TO KILL 300 STRONG MEN if taken in such a way as to secure its full effects."[262] It has been estimated, said Edward Cole, "that the amount of poison contained in the annual crop of tobacco is sufficient to exterminate all animal life from the globe." He concluded that "Nicotine, the special poison of tobacco, is the most deadly known poison, except prussic acid."[263]

The deadly nature of nicotine as a poison was not in doubt, and medical authorities often published items on its lethal qualities. One medical encyclopedia used in Australia even stated that "severe toxic effects have been produced by smoking tobacco—on one occasion, at least, ending fatally."[264] What anti-tobacco activists tried to do was to mobilise the chemical knowledge to explain the ill-effects that they saw in tobacco's excessive consumption. Kellogg's *Man, the Masterpiece*, for example, stated that "if tobacco is poisonous when applied to the skin, it is doubly so when inhaled."[265] The allegation that tobacco was a lethal poison had become so widespread both in Australia and abroad that the trade found it

---

257 White, *Ministry of Healing*, p. 327.
258 *Grit*, 17 November 1921, p. 2.
259 *Grit*, 16 January 1930, p. 8.
260 Jordan Goodman, *Tobacco in History*, pp. 116-17, 121.
261 *Health and Physical Culture*, 1 April 1935, p. 24.
262 Quoted in ibid. 1 May 1935, p. 16; see also Kellogg, *Man, the Masterpiece*, p. 294.
263 *Apples and Tobacco*, pp. 52, 53.
264 "Acute Nicotine Poisoning," *MJA*, 21 January 1928, p. 84; *MJA*, 26 May 1934, p. 705; *Encyclopedia Medica*, 2nd ed., vol. 12 (Edinburgh: W. Green and Son, 1924), p. 654; *Australasian Pharmaceutical Notes and News*, 10 July 1934, p. 218; *Australian Journal of Pharmacy*, January 1900, pp. 5-7; *Australasian Medical Gazette*, 4 April 1914, p. 301.
265 *Man, the Masterpiece*, p. 295.

2504086287

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

necessary to reply. Said an article in the *Australian Tobacco Journal*: "something like five thousand times a year the statement creeps into print that a drop of this dark-brown substance " gathered "in the end of a cigar or cigarette" was nicotine, and that if it were placed "upon the tongue of a cat or a dog will cause almost instantaneous death." According to this trade paper, the brown substance was tar, not the allegedly dangerous nicotine. The latter substance was in fact an "almost colorless" alkaloid. Moreover, the trade retorted that nicotine was present "in tobacco in such minute quantities that a score of pipefuls of the weed or a dozen cigars would hardly yield enough to cover the point of a cambric needle."[266] Despite these claims, from time to time manufacturers and the retail trade marketed tobacco claimed to be nicotineless, just as tobacco companies have worked since the 1950s to produce low-nicotine brands. Moss, White and Co. advertised in 1901 as "the only manufacturers of anti-nicotine tobacco." The company included a "caution to smokers" that "the deleterious effects of the Nicotine . . . is Neutralised . . . so that Smokers can ENJOY THE WEED without fearing the risk of having their head or eyes affected or a relaxation of the muscles of the body, which gives a tired feeling."[267]

Anti-smokers did put emphasis upon nicotine, but it is important to realise that by the time of the first world war, the critics had concluded that nicotine alone could not be held solely responsible for the ill-effects that they judged to be connected to tobacco. They began examining other chemicals in tobacco smoke, particularly prussic acid, carbon monoxide, and furfural.[268] By the 1930s, backed by expanded medical knowledge, the critique had become far more diverse, less simplistic and also better informed. Francis Kelly, in *Health and Physical Culture*, dwelt on the diverse chemical composition of tobacco, but with special emphasis on carbon monoxide. "No man in his right senses would lock himself in a garage with a motor car engine running therein. He would be affected by the deadly carbon-monoxide fumes given off, resulting in headache, nausea, rapid pulse, muscular weakness, and probably death." Yet "all the symptoms of carbon monoxide poisoning are apparent in cases of excessive smoking."[269]

j. Passive Smoking

Arguments about passive smoking are not new. Dr. Daniel H. Kress argued that tobacco was "a greater curse" than opium or alcohol because in the case of tobacco, "the air about the tobacco user is poisoned, and all who are compelled to be near him suffer."[270] *Pharmaceutical Notes and News,*

---

266 *Australasian Tobacco Journal and Hairdressers' Record*, 31 May 1909, p. 29.
267 *Australian Tobacco Journal*, 13 July 1901, p. ii.
268 Kellogg, *Man, the Masterpiece*, p. 296; *Australasian Pharmaceutical Notes and News*, 1 April 1913, p. 28; Kress, *Tobacco Habit*, pp. 6, 10; *Pharmaceutical Journal and Pharmacist*, 31 August 1912, p. 301.
269 "How Harmful is Smoking?" *Health and Physical Culture* 1 February 1936, p. 19.
270 *Good Health*, 1 August 1901, p. 175.

2504086288

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

however, best put the case in a 1913 article. The writer contended that "the prejudice against the use of tobacco is often not based on any idea that the use of tobacco is wrong in some individuals. It is entirely due to the power of tobacco to induce sickness and a disturbed state of the nervous system in some constitutions, and those who cannot stand the effects of tobacco have the right to be protected against the man who has not the sense or the good manners to see when his indulgence is causing pain or discomfort to those near him." The failure to address this issue seemed unfair and democratic because, when women and children, and abstaining men were added together, smokers were in the minority. Yet "the smoker demands practically half of the travelling accommodation."[271]

Not until the 1920s did the issue resurface, but when it did, it became a most important element in the anti-smoking case. In part the new urgency was built upon the increased medical knowledge of the extensive and potentially dangerous range of substances contained in tobacco smoke discussed in the poison section above. But the concern also reflected the fact that, as shall be argued later in this report, smoking in public had dramatically increased.

Molesworth, Hammond, and the Non-smoker's League of the 1930s were most active in this campaign against passive smoking, but other organisations also took part. Groups who campaigned against passive smoking included the Australasian Women's Association in Victoria in 1937 and the Housewives Progressive Association in 1935.[272] The passive smoking case did not however necessarily mean opposition to smoking per se, though it often did. One visitor to Melbourne complained at "the utter lack of table manners noticeable in any public dining room. Not only did men smoke before, during and after dinner in "utter disregard of the comfort of others". He witnessed "men sit at the same table with women, who are complete strangers to them, 'light up' and let the smoke trail across the woman's food and in her face." Most interesting, however, was the writer's admission that "I am a heavy smoker myself, but I do think that there is a time and place for indulging in tobacco, and that a public dining-room is not the place or the meal hour the time."[273]

k. Safety

Arguments about safety were also a kind of health argument but these were not emphasised much, presumably because the public was prepared to accept a risk which was obvious to them. In 1930, the NRMA safety campaign for Easter motoring emphasised the issue of smoking while driving. "You cannot light a smoke and drive safely at the same time. If

2504086289

271 "Is Smoking Injurious?" *Australasian Pharmaceutical Notes and News*, 1 November 1913, p. 13.
272 *Grit*, 9 December 1937, p. 5; *The Progressive Journal*, 1 August 1935.
273 *Argus*, 22 February 1926, p. 14.

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

you must smoke - STOP TO LIGHT UP."[274] More commonly anti-smokers denounced "careless smokers who cause endless fires."[275] Molesworth drew attention to smoking as "a menace to life and property."[276] Included under this category were accidental fires, smoking in mines, and dangers in munitions works. Even suicide was mentioned in this context because it involved violent, sudden death. A Melbourne man who suicided in a Sydney park, leaft behind a dramatic note which anti-tobacco activists sought to exploit: "I have neuritis in the legs which seems chronic . . . I blame the heavy smoking that I indulged in a few years ago for the break-up of my nerves . . . I cannot stop worrying about my legs, and as I cannot control myself, but am starting to smoke and worry again, what happens will be the best for everyone in the long run."[277]

iii) ASSESSMENT OF IMPACT

a. Juvenile smoking

It is in this area that the anti smoking movement made its largest impact. The first attempted introduction came in New South Wales in 1896, the first passage in the same state in 1903, and the complete coverage of the states was achieved by 1916. The subject of juvenile smoking legislation is so large that it requires separate treatment in a separate report. However, it is important to understand the impact here to assess the efficacy of the anti-smoking measures and agitation as a whole.

The anti-smoking agitation was able to draw on a wide range of concerns within the community over juvenile smoking. In fact, one of the pressures leading to passage of juvenile smoking legislation which must be noted was the support of the tobacco trade itself. This has not been widely noted in the historical literature, but particularly in Victoria, the lobbying of the Tobacconists Association (TAV) was a factor. It seems that the retail tobacconists were concerned about the way corner shops were selling small quantities of cigarettes and bringing the trade into disrepute (and incidentally cutting into their own business). Clearly the drive had economic benefits for the TAV, which hoped through higher registration fees to restrict trade in cigarettes by these smaller shops. After a survey of members, the *Australian Tobacco Journal* concluded: "the evil is great, the amount of indulgence in cigarettes, chiefly among young loafers around street corners, being scandalous."[278]As the introducer of the Juvenile Smoking bill in the Victorian parliament put it, the Tobacconists Association leaders were "men I highly respect" who "told us that so far as they were personally concerned as an association of 400 members, they would be only too delighted to see cigarette smoking by juveniles put

2504086290

---

[274] *Australian Sporting and Dramatic News*, 29 March 1930, p. 36; also see "Smoking at the Wheel," *Grit*, 5 July 1934, p. 13.
[275] *War Cry*, 7 September 1929, p. 14.
[276] *Downfall of Demos*, pp. 77-88.
[277] Ibid., p. 84.
[278] *Australian Tobacco Journal*, 13 July 1901, pp. 5, 11.

20200171351

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

down."[279] The tobacconists were not the driving force in these acts, which came from educators, doctors and antis-smoking activists, but the lobbying of sections of the trade enabled a consensus to be obtained which allowed the acts to pass so rapidly in all Australian states from 1903 to 1916.

Anti-smoking activists themselves pointed to the weaknesses of the Juvenile Smoking laws that were passed. They would have preferred to have tougher laws to stop the possession of cigarettes as well as the sale. In some states, notably Victoria and South Australia, prohibitory laws were mooted, and in the South Australian case introduced but not passed. But these failed to gain the broad support earlier given to the limited juvenile restriction measures. The South Australian WCTU backed the unsuccessful cigarette abolition bill introduced by Mr. Tucker in 1905 and in 1906 petitioned the state government "asking for a law to make it penal for a child to be found even smoking. At present they cannot legally purchase, but others can give them cigarettes, and so the evil continues."[280] John Murray, premier of Victoria, considered the possibility of such a prohibitory law in his state, in reply to a query by W.H. Judkins, a leading social reformer. Judkins had asked for legislation to "put down the practice of cigarette smoking by lads," and Murray replied: "I feel that nothing but prohibition will meet the case, and until public opinion realises the damaging effects of smoking by lads of tender years the necessarily drastic legislation will not be possible."[281]

The Juvenile Smoking laws were also undermined by the introduction of vending machines as early as the mid-1920s. It does not appear that these were widely used in Australia in the inter-war period, but this does warrant further investigation. In 1924, the New South Wales Teachers' Federation protested to the State Attorney General and the Inspector-General of Police about the "practice of placing slot machines for the sale of cigarettes in the street and other places where children could have access to them, in defiance of the law . . ."[282] No wonder then that Francis Molesworth noted in 1931 that the law was "apparently dead."[283]

Yet the efficacy of these laws must not be totally dismissed on the basis of the demands of those who really wanted cigarette prohibition. Enforcement of juvenile smoking restrictions depended heavily on community support and, in particular, on family support. All laws governing morality do. One indication of the partial success of community customs governing young people smoking is given by the responses of

---

279 Mr. Outtrim, *VPD*, 9 August 1905, p. 880.

280 *Annual Report of the Woman's Christian Temperance Union of South Australia, 1906*, (Adelaide, 1906), p. 25.

281 *Grit*, August 25, 1910, p. 6. Murray would, however, consider an amendment "to lesson the habit among juveniles". *Grit* said that this reply "may stir parents and others to further educate boys on the dangers of the cigarette habit. . . . It must be impressed on every boy that to wear a cigarette on his face is but to advertise that he is an ass."

282 *Argus*, 9 June 1924, p. 8.

283 *Downfall of Demos*, p. 42; see also *VPD*, 9 August 1905, p. 882.

2504086291

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

3700 surviving recruits to the Australian army of World War Two. All of these should have been over the age of 18 and capable of smoking legally for at least two years (except in Western Australia, where the law had set the minimum age at 18). As "very young men in the 1930s", 43 per cent were still non-smokers and another 31 per cent smoked "only very lightly," whereas only about 29 per cent of all male adults did not smoke at that time.[284] These figures are backed up by a survey of relevant literature available to young men in the 1930s. The highly successful *Man* magazine, for example, flaunted cigarette images and advertisements, but its accompanying *Man Junior* coyly refused to print such material. (*Man Junior* from 1937 to 1945 had just one article on tobacco, admittedly a sympathetic one on the disappearing tobacconist shops).[285] It seems that community attitudes expressed in the daily press, and in the opinions of educators and doctors as well as parents did have some effect. In achieving this result, the Juvenile Smoking laws had the aid of other government measures in the educational field.

b. Education Curricula

2504086292

In addition to the Juvenile Smoking legislation, the anti-smoking movement had other successes. Most notable of these was the introduction, in a number of states, of education department campaigns against smoking. These existed in at least Western Australia, Tasmania and Queensland as far back as 1908. It is commonly thought that these started at the end of the 1950s, but they do in fact have a much longer history. They were essentially a product of the juvenile smoking drive of 1896-1910.

The Chief Health Officer of Tasmania, J.S.C. Elkington produced a series of Health Readers, illustrated by his friend Norman Lindsay, which stated that "smoking is well enough for grown-up people, if they like it, and if they do not smoke too much; but it is very bad for boys until they are about eighteen or twenty years old.[286] A version of this advice was also used in Queensland after Elkington moved there to become Commissioner of Public Health in 1910. Among the "Ten Rules for Health" which were "To be Learnt by Heart" in the Queensland state schools was the edict: "Don't smoke till you are 20."[287] In Western Australia, the Education Department produced in 1912 *Lessons on the Laws of Health*.[288] Lesson 11, for example, on "tobacco smoking" included a section on "Why boys should not smoke" that asked teachers to emphasise the fact that "like drinking, smoking may become so strong a habit that the smoker becomes a slave

---

[284] John Barrett, *We Were There: Australian Soldiers of World War II* (Ringwood, Vic.: Viking, 1987), p. 336.
[285] *Man Junior*, April 1939, pp. 21-24.
[286] J.S.C. Elkington, *Health Reader* (Christchurch and other cities: Whitcombe and Tombs, n.d., c. 1912), pp. 62-64.
[287] J.S.C. Elkington, *Health Lessons* (Brisbane: Anthony J. Cumming, Govt. Printer, n.d., c. 1913), p. 11.
[288] *Lessons on the Laws of Health* (Perth: Fred. Wm. Simpson, Govt. Printer, 1912), pp. 28, 69-71.

20200171353

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

and is not master even of himself." This series of lessons recapitulated the conventional wisdom against juvenile smoking, with all of its risks to fitness, and mental and physical growth. New South Wales schools also received some exposure to similar information. In the 1930s, a *Health and Temperance Manual* circulated in New South Wales schools, complete with Forewords by Professor Harvey Sutton, and Dr. A.E. Machin, respectively former and current Principal Medical Officer with the New South Wales Education Department. This publication, like the others discussed above, was strongly critical of juvenile smoking.[289]

c. Other Legislation

In Victoria regulation 3 of the Food Act of 1905 stated that "no person shall spit, smoke or chew tobacco where any of the above -mentioned articles are manufactured, prepared, stored, packed, canned, delivered, or sold."[290] A similar regulation was in force under New South Wales's Pure Food Act of 1908, regulations number 71, section 3, and 73, section 9, according to Molesworth.[291] More research needs to be done on this legislation, but again the laws were reliant on community consent which, as the section on the sites of smoking to come shows, declined rapidly in the 1920s.

d. Change and Continuity in the Anti-Tobacco Lobbies from the 1920s through to the 1960s

The common perception that the anti-smoking movements of the two periods are completely different—one moral and the other based on public health—is greatly exaggerated. Many of the reform groups active against tobacco prior to 1950 used health arguments, including reference to the impact of tobacco use on cancer, heart disease, other lung conditions, and so on.

The post-1950s movement has differed in the greater involvement of doctors and government, though these forces were also to a more limited degree present before 1940. Doctors both opposed and condoned the use of tobacco at different times and the medical profession historically was split over the issue. Government legislation through the juvenile smoking laws and food and public health regulations has always been an important factor and has always been in large measure based on concern about the health effects of tobacco. The church groups that opposed smoking at the turn of the century have become more marginalised in the anti-smoking message, but the health aspects of the message of such groups as the Seventh Day Adventists have entered the mainstream with the rise of the health food industry.

---

289 Victor Stanton, *A Health and Temperance Manual*, 2nd ed. (Sydney: Youth Temperance Education Council and Band of Hope, 1934), pp. 53-56.
290 *Argus*, 7 June 1913, p. 18.
291 *Downfall of Demos*, p. 42.

2504086293

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

All in all, there is probably as much continuity in the post-1950 anti-smoking movement as change.

e. Internal Weaknesses of the Anti-Tobacco Lobbies

One possible weakness in the 1930s was the identification of parts of the anti-smoking lobby with fascism. Hitler, wrote J.M. Prentice in *Man* "neither smokes nor drinks alcohol; the smell of a cigar is intolerable, and none of his entourage dares smoke." Briton and other physical culturists were particularly likely to be seen as tarred with the same brush because of their links with eugenics.[292] Even Molesworth, who was not associated with eugenics, stated in 1933 that authorities needed the power of Hitler to stop Sydney flappers from "indulging in one of her most favoured hobbies."[293]

The association of the anti-tobacco cause with fascism does seem, in at least one celebrated case overseas, to have undermined the reception of important anti-smoking information. Danish medical researcher and cancer expert Johannes Clemmesen recalled that Franz Muller's 1939 study in Cologne,[294] which involved control groups and showed cancer/smoking links, was discounted by professionals like himself: "Like [P.E.] Enterline, I read the paper with scepticism, as it was published under the rule of a fanatic nonsmoking dictator."[295]

But this was probably not an important factor in lay opinion, at least prior to 1938 and the Munich debacle. The *Man* article by Prentice did not use Hitler's anti-tobacco stance to damn him—in fact the piece was entitled "Handsome Adolf"—thought the author did seem "baffled" by the popularity of such an ascetic. The assumption that association with fascism and ideas of racial superiority would be a serious impediment for the anti-smoking movement is a notion much strengthened by hindsight. Mussolini, and even Hitler prior to 1938, had some support among conservatives in the West because of their suppression of the Communist party, and because of their claims to restore social order at a time of great social and economic unrest.

A more important weakness was the association, documented in such cases as Du Maurier and Koonin, with "quackery." At issue here is not whether these people really were quacks. Rather, the regular medical profession certainly regarded them as such and did not listen to their arguments about tobacco.[296] Similarly, anti-tobacco reformers could just as easily be labelled as "cranks" or "wowsers" and this was a "fear" which

---

[292] *Man*, September 1937, p. 28.
[293] *Adelaide Advertiser*, 3 March 1933.
[294] George Davey Smith, Sabine A. Stroebele, and Matthias Egger, "Smoking and Health Promotion in Nazi Germany," *Journal of Epidemiology and Community Health* 48 (1994): 220-23.
[295] Johannes Clemmesen, "Lung Cancer from Smoking: Delays and Attitudes, 1912-1965," *American Journal of Occupational Medicine* 23 (1993): 943.
[296] *MJA*, 30 September 1950, p. 523 shows that was still a problem in 1950.

2504086294

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

inhibited medical opinion from accepting the notion that smoking was a cause of cancer.[297] A correspondent in *Man Junior* referred with distaste to the way "a lot of fanatics" tended to "lecture you very often on tobaccos," if "they see you interested in their pet subject."[298] Hammond, for one, revelled in the nickname of "the Wowser," but his bravado did not guarantee that his influence may have been diminished by such an association. Nevertheless, Hammond in fact received an O.B.E. and was celebrated upon his retirement in comments in the *Herald* as one of the finest men of his generation. Molesworth, similarly, won the respect even of those who did not fully share his views.[299]

As we have already seen, many temperance supporters—the so-called wowsers—did not even join the anti-tobacco agitation, and others regarded it as of minor concern. The temperance movement undermined the anti-tobacco movement by its failure to pursue the attack on smoking rather than by its close association with the movement. Therefore, the reasoning which explains tobacco's weakness in terms of anti-wowser sentiment is beside the point. We need to search for other reasons which effectively marginalised the tobacco question.

A much more serious threat to the attack on tobacco came from the availability of a range of alternative drugs that could surpass the kind of moral panic which had characterised the cigarette debate from the late 1890s to the 1920s. Opium had always received much sterner condemnation than tobacco, even at the height of the anti-smoking agitation prior to World War One, because the use of opium was a practice associated with alien Chinese.[300] The *Chemist and Druggist of Australasia* reported thankfully that in Tasmania, opium smoking was almost confined to the older Chinese, with "the younger ones having become tobacco smokers."[301] In the 1920s, concern about drug addiction grew, as a result of the impact of treatment of patients growing out of the wounds and psychic traumas of World War One.[302] Then, in the 1930s, a new panic emerged at precisely the time when tobacco smoking in the form of cigarettes was becoming more generally accepted in the community. Marijuana made an appearance in the discourse on drugs courtesy of the American press and a series of books such as L. Lewin's *Phantastica: Narcotic and Stimulating Drugs*.[303] *Australasian Pharmaceutical Notes and News* proclaimed in a headline: "Marijuana: Our New Addiction," and lurid headlines in the Sydney press attacked "A Mexican drug that

---

297 Ibid.

298 *Man Junior*, April 1939, p. 22.

299 Mansfield, "Hammond," pp. 179-80; Hammond also referred to the epithet of 'kill-joy', *Grit*, 27 November 1930, p. 2; tributes to Hammond, in *Grit*, 10 June 1946, p. 3, 8, 18, esp. C. Brunsdon Fletcher, editor of the *Sydney Morning Herald*, 1918-1938.

300 E.g., *Annual Report of the Woman's Christian Temperance Union of South Australia, 1905* (Adelaide, 1905), pp. 65-66.

301 *Chemist and Druggist of Australasia*, 1 July 1904, p. 167. See also 1 July 1905, p. 175.

302 "The Cocaine Evil," *Australasian Pharmaceutical Notes and News*, 10 March 1924, p. 98; "Drug Addicts," ibid., 10 February 1928, p. 49.

303 (New York: E.P. Dutton, 1931).

2504086295

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

drives men and women to the wildest excesses . . . It distorts moral values and leads to degrading sexual extravagances."[304] This concern over narcotic drugs ranged more widely than the concern over tobacco, and included such popular publications as *Man*. While this journal had not a negative word to say about tobacco smoking, it published such articles as "They Peddle Living Death,"[305] on the range of dependent drugs,while *Man Junior's* version, "Smoking into Insanity," focused on marijuana. The latter article claimed that neither cocaine, nor opium nor morphine were "in the long run so drastic" in their effects as marijuana.[306] These articles did not make direct comparisons with tobacco, though some smokers may have been made more wary of tobacco by the new scare, since the word "cigarette" was invariably used to describe the use of the newest drug sensations.[307]

In view of the alarmist reporting on these drugs, however, it was inevitable that somebody would make the comparison with tobacco, to the latter's advantage. It is perhaps significant that it was the *Medical Journal of Australia* that highlighted the issue. Like many in the community, doctors were much more afraid of marijuana and cocaine than they were of tobacco, which they rated as only mildly addictive and habit-forming. In "Tobacco and other Drugs," the author noted thankfully that "the American Indian who gave the world tobacco also discovered the true euphoria obtained when the leaves of the coca plant are chewed, and this habit might have spread round the world with disastrous effects."[308] Drawing on Robert P. Walton's *Marijuana: America's New Drug Problem*, the *MJA* article noted that cannabis "has invaded North America and entrenched itself not so much among Negroes and Indians as among whites" while "peyote has spread alarmingly among the Red Indians." Faced with such alternatives, the author concluded: "We may indeed be thankful that with all these dire possibilities tobacco has been chosen by humanity in general from the American Indians' medicine chest as the main lever which can disturb the placid functioning of the automatic nervous system." Tobacco was indeed a stimulant and could be dangerous, the writer observed, but added that "there is little euphoria except in the return to approximate normality in the addict when he indulges; and the first attempts of the small boy to smoke like a grown-up have effects far from pleasurable. That much of the enjoyment of smoking is purely psychic in contemplation of the smoke is evidenced by the fact that very few totally blind persons find any enjoyment in pipe, cigarette or cigar."[309]

---

304 *Australasian Pharmaceutical Notes and News*, 10 May1938, p. 146.
305 *Man*, July 1938, p. 27.
306 *Man Junior*, February 1938, pp. 12-14.
307 E.g,, ibid; "This Dope Spells Death - or Worse," *Health and Physical Culture*, 1 August 1938, pp. 18-19.
308 *MJA* 4 November 1939, p. 693; cf. Walker, *Under Fire*, p. 73.
309 "There was some element of pure chance in the rise of tobacco to its immense vogue today," the *MJA* stated. Other alternatives mentioned are the "innocent caffeine to the dangerous narcotics." See Robert P. Walton *Marijuana: America's New Drug Problem: A Sociologic Question with its Basic Explanation dependent on Biologic and Medical Principles* (Philadelphia: Lippincott, 1938).

2504086296

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

Tobacco smoking seemed the lesser of a series of evils, and a psychological rather than a major physical addiction.

PART 2: COMMUNITY RESPONSES

We cannot understand the limits to the appeal of the anti-tobacco movement simply by looking at its internal structure and its relationship to similar movements. It must be realised that the anti-smoking argument met with resistance from many in the community who continued to smoke. This resistance had two aspects, 1) the alternative argument of moderation, and 2) the persistence of the belief that tobacco had positive benefits which countered its negative features. Each of these positions seems to have been held by many smokers, and both were based upon a concept of rational risk.

a. The Press

Community attitudes are reflected, to some extent, in the daily press, and examination of the major metropolitan dailies is one way of gauging the impact on the general population, as opposed to interested minorities. The public learned about tobacco in through editorials and articles, and in turn expressed points of view in the correspondence pages. Newspapers were a much more important source of information prior to television and radio (the latter was not important as a medium until the 1930s and the former until the late 1950s), but opinion gauged in this way must always be measured critically against all other available sources. In both of the city dailies surveyed, the *Sydney Morning Herald* and the Melbourne *Argus*, concern with tobacco smoking was high before World War One, but declined in the 1920s and 1930s. While anti-smoking opinions were still published in those decades, editorial policy moved in favour of tobacco as a harmless drug, provided it was taken in moderation. After 1939, virtually no concern with health issues, or any of the issues discussed above surfaced in the dailies, and the anti-smoking movement was thoroughly marginalised until 1950. While the *Herald* often published letters by Molesworth and other anti-smoking publicists in the 1920s, clearly the *Herald* was not particularly sympathetic. This in part reflected the anti-smoking agitation's perceived links with temperance. The *Herald* sternly opposed prohibition, and was particularly critical of Hammond's New South Wales Alliance on this issue. Also, the *Herald* failed to review Molesworth's *Downfall of Demos* even though a copy was sent to the paper.[310] Rather than emphasise health warnings, this paper stressed the economic value to the British empire of developing the tobacco industry. In 1928, it attacked King James's view when he called tobacco smoking "the root of all sins." "Fortunately," the *Herald* concluded, "his Majesty's

[310] On the refusal to review, see *Grit*, 21 January 1932, p. 9. On Hammond's antagonistic relationship with the daily press, see *Grit*, 31 January 1924, p. 8.

2504086297

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

reputation for wisdom was never very high; and it is surely possible that if he did not altogether err in this matter he did at least indulge in some exaggeration."[311]

By the 1940s, virtually the entire discourse in the Commonwealth and state parliaments and in the leading dailies concerned the economic benefits and growing and marketing problems of tobacco, and, during and after the Second World War, the issue of tobacco rationing as well. Occasionally, however, an article was published which even encouraged smoking. In "Giving Up Smoking" in the *Argus* in 1949, A. Delucca told of the boredom and discomfort he experienced while abstaining. "I began to think morose thoughts. Life was not worth living. It had been different before I gave up smoking. I was always occupied then. Life had been one busy whirl. There had been the excitement of the chase, the satisfaction of achievement, my mechanical mind had been satisfied with the intricate internals of my cigarette lighter, and there had been the good-fellowship of sharing my friends smokes. All that was gone. I was a frustrated man."[312]

The response of the *Herald* and the *Argus* was similar to that of much of the public. The anti-smoking message was not positively received by the majority, so far as we can tell. Few people seem to have given up smoking, even through the smoke cures, if Molesworth's own testimony is accurate. The percentage of adults smoking increased from roughly 38 to 49 percent over the period 1900 to 1950. The amount of tobacco consumed fluctuated but generally rose over the same period on a per capita basis.

b. The confusion of medical advice

One problem for the smoker appears to have been the difficulty of deciding which piece of medical advice to believe. Said one correspondent to *Australasian Pharmaceutical Notes and News*: "the medical profession are a little apt to allow their own vices or virtues to influence them in the treatment of their patients." While one doctor had told the writer to quit smoking, another had recommended "a pipe of tobacco" that "would help to calm your nerves."[313] This response of bewilderment was common and genuine. W.H. Embling in the Victorian Legislative Council said that "in medical science one could get as much evidence on one side as on the other if one looked for it."[314] Another aspect of this question was the shifting nature of medical research. This problem was succinctly illustrated by the reception in Australia of research originating in *Lancet* in 1912. *Lancet* examined pipe, cigar and cigarette smoke to discover the amount of nicotine in each, and found that "the cigarette would appear to be the least harmful form of smoking, and the pipe the worst, the cigar coming in

311 *Sydney Morning Herald*, 29 September 1928.
312 *Argus*, 5 March 1949, p. 11; see also Gavin Souter, "How to Start Smoking Again," *Sydney Morning Herald*, 2 September 1955, p. 9.
313 *Australasian Pharmaceutical Notes and News*, 1 November 1907, p. 16.
314 *VPD*, 29 August 1906, p. 1166.

2504086298

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

between." But the *Lancet* initially assumed that nicotine was the dangerous substance. Later figures from the *Lancet* in the same year reversed the order of deadliness, and argued that when other constituents of tobacco smoke such as furfural were examined, cigarettes led the list of potentially unhealthy smoking products. Furfural was "a toxic and highly irritating substance which occurs to the largest extent in the smoke of Virginia cigarettes," *Lancet* discovered. The Melbourne *Argus* commented that some smokers may have "hurled away their briars" between the first and the second reports, but "men of a more prudent temperament . . . stuck to their pipes. They were aware that medical pronouncements, however weighty and authoritative, are apt to lack permanence." The *Argus*, a pro-pipe paper, announced this information with glee and concluded in the light of the revised research that the pipe was innocent. "Throat troubles are generally associated with cigarette smoking, and not with the smoking of pipes and cigars," said the editorial. The *Argus* did not find this conclusion surprising, since after all "the very word furfural' has a throaty sound."[315]

c. Belief in Positive Health Arguments

Not only did doctors change their minds from time to time. Some doctors continued to recommend tobacco as promotive of health. Mostly this occurred during the nineteenth century and earlier in European history, but even in the 1920s and 1930s, tobacco did not lack positive assessments from doctors and other health professionals. Those doctors who expressed ambivalence about tobacco partly undermined the anti-smoking elements within the profession. Most doctors had gradually abandoned their earlier convictions that tobacco could or should be used as a medicine as they became more and more aware of the complex chemical composition of tobacco. Most important, the discovery of the properties of nicotine as a poison after its isolation in 1828 led to tobacco's gradual expulsion from the pharmacopoeia. This did not however mean that most doctors condemned tobacco. Doctors now tended to regard tobacco either negatively or as an innocuous practice, with many doctors ignoring the health warnings coming from the anti-smoking lobby.

Typical of those doctors who regarded tobacco as relatively neutral in effects was Charles Iredell, a Collins St. surgeon. He largely discounted serious injury arising from smoking, claiming that "after all these years, during which tobacco has not wanted for active enemies, no very serious charge has remained unanswered." The only exception he could find was a disease of the optical nerve where smoking to excess has been implicated. Iredell said that smoking might be involved in cancer of the tongue, but quoted the leading British authority, H.T. Built, that "there is no evidence with which I am acquainted which will prove that carcinoma is really much more common among adult males who smoke than among adult males who do not smoke." Iredell was more impressed that smoking had positive features: "so far from it having a tendency to lead to drink, in

[315] *Argus*, 3 October 1912; 28 September 1912.

2504086299

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

many instances that I have personally observed it has apparently taken the place of that form of stimulation."[316]

Despite the nineteenth century disappointment over tobacco's failure to serve medical functions, older beliefs in the positive benefits of smoking died hard. From the introduction of tobacco to Europe in the late sixteenth century through to the eighteenth, high hopes had been raised about the possible positive medical benefits of smoking. In a most celebrated example, smoking was encouraged to ward off the plague in London in the 1660s.[317] Smoking had a long history as a prophylactic for other this and for other bacteria-based epidemics and serious infections. As late as 1892, the *Australasian Journal of Pharmacy* reported an Italian doctor who claimed that tobacco smoke "either entirely destroys, or in any case, retards the development of cholera, anthrax, and pneumonia bacilli."[318] In the Sydney plague outbreak of 1902 heath authorities again fell back on the practice in a state of panic: "tobacco smoke was also [alleged] to claim immunity, prompting the Collector of Customs to issue a notice allowing smoking in various parts of the Customs House at Circular Quay until the outbreak abated." A newspaper reporter quizzed Ashburton Thompson, the Government's Chief Medical Officer, about the efficacy of tobacco smoke as a preventative, and received the reply that its use "could not be other than salutary."[319] Apologists for tobacco tried to use this argument in the Juvenile Smoking debates. New South Wales parliamentarian Mr. J. Haynes (Wellington) commented: "Latterly in this community we were advised to smoke like a hurricane when the plague was about, and where it was indulged in there was more vitality and energy exhibited on the part of the smokers than had ever been known before."[320] This prophylactic use did not survive the decline of the threat of plague that followed the improvement in slum hygiene and the discovery of new antibiotic methods of treatment. The folk use of tobacco as a general antiseptic, however, far outlived its dismissal in medical practice; the Spanish 'flu saw the idea revived (and condemned by the WCTU),[321] and the antiseptic virtues of tobacco could still surface in some oral accounts of smokers' rationalisations for smoking as late as the 1990s.[322] As a Macquarie street doctor writing in 1930 told the Sydney press,"even to-day many people swear by tobacco as a means of warding off infections—'flu, typhoid, and so forth."[323]

---

316 *Ten Years' Practice in Australia* (Melbourne: A.H. Massina, 1896), p. 69. Iredell distinguished between people like himself and "inebriates who smoke". The latter "are not smokers in the sense of any keen appreciation of the weed."
317 Flinders Barr, "My Lady Nicotine," *Sydney Morning Herald*, 15 June 1935.
318 *Australasian Journal of Pharmacy*, vol. 7 (April 1892), p. 137.
319 Peter Curson and Kevin McCracken, *Plague in Sydney: The Anatomy of an Epidemic* (Kensington: UNSW Press, n.d. [1989]), p. 184.
320 *NSWPD*, 7 August 1900, p. 1622.
321 *White Ribbon Signal*, 1 April 1919, p. 12.
322 Oral History Testimony, G. Burnett, 1994.
323 *Grit*, 16 January 1930, p. 8

2504086300

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

The use of cigarettes for the treatment of asthma also lingered long in folk medicinal knowledge. *Gately's Universal Educator*, a popular encyclopedia of the turn of the century, stated that "tobacco is often used with advantage in spasmodic asthma."[324] While still a member of the New South Wales parliament in 1900, William Morris Hughes revealed similar beliefs in the juvenile smoking debate, stating that "My Hon. friend knows that tobacco is very good for asthma." For some people, Hughes asserted, "in the outback away from contact with immediate medical advice, smoking may be necessary because he cannot get medical advice because of his situation."[325] Medicated cigarettes were common for this and other lung complaints. Sometimes they contained non-tobacco products like eucalyptus leaves, or other drugs like marijuana, but often the foundation of the product was still tobacco. Advertisements for "Grimault's Indian Cigarettes for Asthma" appeared in each issue of the *Australasian Pharmaceutical Notes and News* around 1910. These were said to be "recommended by Medical authorities" not only for asthma, but also for "Bronchial trouble, Hay Fever, Laryngitis, and Irritation of the Air passages."[326] As with the plague remedy, most doctors increasingly discounted this usage, but the practiced continued in some quarters until at least the 1920s.

Interest in the allegedly soothing qualities of the product remained unshaken. As late as the turn of the century, doctors argued that smoking could encourage digestion through relaxation. A popular medical encyclopedia of 1886 stated that "Smoking increases the flow of saliva, and it is therefore maintained by many, on this account, that it aids digestion, and is useful in dyspepsia." Moreover, smoking acted "as a slight purgative"; in this view, "a pipe or cigar smoked after breakfast is often sufficient to insure an easy and satisfactory relief of the bowels."[327] Defenders of tobacco in the Juvenile Smoking debates used this argument too. In South Australia in 1904, Hon. J.H. Howe, speaking as an ex-smoker, claimed that "he had enjoyed the weed for many years, and knew the solacing influence of it."[328] The *Sydney Morning Herald* contrasted the evil of children and youths smoking cigarettes with "the soothing pipe and the fragrant cigar" that had "helped many a man in moments of worry and fatigue."[329]

The argument about soothing the nerves received a major boost from World War One and its traumatic effects upon the troops. Many on the home front condoned the increasing use of tobacco among front line troops and wounded men in hospitals. For this reason, the Australian branches of the British Medical Association launched an "overs-seas club

---

[324] *Gately's Universal Educator* (Melbourne: W.H. Terry, 1886), p. 319.
[325] *NSWPD*, 7 August 1900, p. 1614.
[326] *Australasian Pharmaceutical Notes and News*, 1 September 1910, p. 43; see also, on asthma, 1 March 1909, and 10 December 1929, p. 400.
[327] *Gately's Universal Educator* , pp. 318-19.
[328] *SAPD*, 28 September 1904, p. 177.
[329] *Sydney Morning Herald*, 4 April 1899.

2504086301

Z0200171362

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

tobacco fund" to provide "'smokes' for our 'Australian boys'" at the front. "Non-smokers," stated the *Medical Journal of Australia* in 1915, "will scarcely need telling what comfort lies buried in a pipe."[330] The trade seized on this opportunity. Abdulla's Egyptian cigarettes "have a magical effect on the anxious and over-strained," the ad in *The Triad* stated. "Whether fighting in the trenches, or unluckily forced to remain behind, all will be soothed and cheered by the delicious fragrance of Abdullas." This argument was revived in the 1920s by some health professionals; "Why Do Men and Women Smoke?" asked *Australasian Pharmaceutical Notes and News*. "Tobacco soothes, it relieves psychic tension, it tranquilizes [sic] emotion, and it fosters repose. Its mental effects through the senses must be acknowledged."[331] Medical advice columnists and nerve specialists joined in. A Macquarie Sreet specialist asserted in 1941 that war shortages posed a severe psychiatric danger, particularly in the case of tobacco. "Going short of smokes and beer hits workers in every way it is possible to hit a human being. You upset a physical habit which a system is used to, and you upset a habit from which a mind derives comfort. If you make a worker cut out his smokes, or his beer, or his tea, or his coffee, you would upset his work and his temper completely."[332] When "Hygiea" wrote in the Brisbane *Courier* that tobacco "soothes the nerves that are stimulated to irritability, and are hypersensitive under the rush of modern life" the advice was not new, and not really a product of modern conditions. It was in fact part of the lore of nineteenth century medicine.[333] Ideas about soothing the nerves were part of a much longer cultural inheritance that doctors, advice columnists, advertisers and others perpetuated. Advice of this type lingered on, despite anti-smoking assertions that habitual smoking had a negative effect on the nerves, particularly on women.[334]

d. The Balance of Concerns: Risky Behaviour

This flux in medical science does not mean, however, that smokers believed smoking to be without risk. Despite positive assessments, there can be little doubt that people knew that smoking was potentially dangerous to personal health. Modern economists have attempted to develop the concept of rational risk in such behaviours as smoking and other consumer decisions. Their evidence has been based on surveys and the availability of adverse publicity concerning the product consumed. These authorities argue that consumers make rational choices based upon an awareness of the potential costs and benefits involved.[335] While problems remain in applying the logic of free market economics to

---

330 *Medical Journal of Australia*, 12 June 1915, p. 556.
331 *Australasian Pharmaceutical Notes and News*. 10 March 1927, p. 106.
332 World War Two had revived the issue. *Grit*, 13 November 1941, p. 5, quote from *Sydney Daily Telegraph*, 2 November 1941.
333 D. Walker, "Mind and Body," in Bill Gammage and Peter Spearritt, eds., *Australians, 1938* (Sydney: Fairfax, Syme & Weldon Associates, 1987), p. 224.
334 "The nicotin [sic] acts on the nervous system, and the effects of small doses are soothing and sedative." *Sydney Morning Herald*, 18 May 1937, p. 22.
335 W. Kip Viscusi, *Smoking: Making the Risky Decision* (New York: Oxford U.P., 1992).

2504086302

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

smoking behaviour (to be discussed in the section on smoking culture), there can be no doubt that consumers of tobacco products had before them a wide range of materials available on both the positive and negative effects of smoking. It is impossible to use survey techniques retrospectively for the obvious reason that apart from those born after 1920, most of the possible subjects are now dead. However we do not need to rely on the availability of survey data. An oral history project is recommended to further this aspect of the study, but other sources are also available. Health professionals and anti-smoking activists both acknowledged the existence of risk, as did some literate smokers whose accounts have survived.

The idea of risk is ubiquitous in the literature surveyed. Anti-smoking activists acknowledged the point, as did neutral commentators and supporters of the trade. Authorities sceptical of the anti-tobacco case realised that even moderation could be risky. The *Encyclopedia Britannica* noted that a number of medical conditions, including anaemia, palpitations, and eye disease could result. Indeed, eye damage, the *Britannica* conceded, was a well-established fact. But the authors—who confessed a love of tobacco—reasoned that "allowing such incidental evils may arise from even comparatively moderate indulgence in tobacco, they are after all as nothing compared to the vast aggregate of gentle exhilaration, soothing, and social comfort, extracted from the Virginia weed."[336]

Both Berncastle and Ross, two of the pioneering Australian anti-smoking doctors, related cases in which they had counselled patients to give up smoking pipes because of the risk of cancer, but the patients had refused and later died of the disease.[337] Ross also told how he had "once sat beside a man, who, in defiance of my opinion and wish repeatedly expressed to him, persisted in smoking tobacco until he dropped down in tetanic convulsions and died."[338] The press, too, noted from time to time "the perversity of human nature" which ignored advice against "excessive cigarette smoking".[339] Dr. E.H. Molesworth made an equally cynical observation in the 1930s when he noted: "the doctrine that cancer of the lip is due to smoking has not prevented men from smoking pipes."[340] The *MJA* asserted in 1937 that doctors who advised patients not to smoke knew that it was "highly probable that the addict will return to his habit in most cases, usually after a restless and unhappy period of deprivation."[341] The following year, the same journal also noted that despite the "growing body of evidence among the members of the medical profession and the lay public alike that smoking is harmful" the practice of smoking "is probably becoming a more general habit year by year."[342] However the

336 *Encyclopedia Britannica*, 6th ed. (Edinburgh: Adam and Charles Black, 1898), p. 427.
337 Berncastle, *The Use and Abuse of Tobacco: A Paper read before the [Royal] Society [of New South Wales], on the 11th November, 1857*, p. 25.
338 *NSWPD*, 6 July 1897, p. 1687.
339 *Sydney Morning Herald*, 4 April 1899.
340 *MJA*, 13 August 1932, p. 99.
341 *MJA*, 20 February 1937, p. 297.
342 *Medical Journal of Australia*, 18 June 1938, p. 1069.

2504086303

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

critical calculation about risk was perhaps best made by the rather neutral observations of *Australasian Pharmaceutical Notes and News* in 1913, in a series of article by "an Ex-Smoker":

> A man may say, "I like to smoke, but I do not want it to do me any harm. What means should I adopt to get the maximum amount of pleasure out of my smoke and yet run the minimum amount of risk?" Few men, however, look so far ahead. It is enough for them that they like a smoke, and they are prepared to risk all consequences."[343]

Sometimes the anti-smoking activists themselves recognised the right of choice involved. Hammond stated at one time that "I am only speaking of Christians. If you are not committed to the way of Christ, then go right ahead and smoke all you want to. If it impairs your digestion, your wind, or your throat, that is quite O.K. with me."[344] Ross made a similar statement to the New South Wales parliament in 1897. "Hon. members can use it [tobacco] to their heart's content, and, if it has a deleterious effect upon them, I shall not be responsible," he warned critics of his juvenile smoking bill.[345] A distinction was drawn between adults and children in this respect of risk. The Hon. Robert Philp, a former Queensland premier stated that "In my opinion it would be better to prevent smoking altogether, but certainly there is more risk to the constitution in smoking at a tender age than later in life."[346]

e. Minimisation of risk

Since most smokers refused to give up their habit, alternative responses were necessary to try to minimise risk. "If the cigar be smoked only two-thirds of its length," said *Australasian Pharmaceutical Notes and News*, "the smoker gets all the best of it, and the end acts as a condenser" to absorb "all the products of combustion." The same result could be achieved for cigarettes with a holder, that journal claimed.[347] Similar advice was given in the dental literature.[348]

Another part of the same debate concerned the relative safety of cigarettes, cigars, and pipes. Opinion was divided over which particular form of smoking was less risky. Occasionally, trade publications like the *Australian Tobacco Journal* hailed the positive health benefits of cigarettes: "there is no more cleanly habit. The smoke of burning tobacco is an antiseptic and purifier, and if one has to venture into a disease laden atmosphere, there

---

[343] *Australasian Pharmaceutical Notes and News*, 1 July 1913, p. 20.
[344] *Grit*, 6 December 1934, p. 8.
[345] *NSWPD*, 6 July 1897, p. 1689.
[346] *QPD*, 3 August 1905, p. 145; Dr. Ross, too, admitted that adults could "take care of themselves, but children are unable to do so." (*NSWPD*, 6 July 1897, p. 1687).
[347] *Australasian Pharmaceutical Notes and News*, 1 July 1913, p. 20.
[348] Pierre-C. Fouques, "Smoking," *Dental Journal of Australia*, 1 March 1937, p. 188.

2504086304

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

is no safer thing to do than to smoke a cigarette, exhaling the smoke through the nose."[349]

Such specific comments on the relative advantage in smoking cigarettes were, however, quite rare in the trade because, like anti-smoking activists, the retail tobacconists had a much stronger conviction of the superiority of the pipe and cigar. Doctors were more likely to be impressed by the cigarette than was the retail trade. Faced with the onset of an apparent increase in cancer reflected in statistical evidence, some medical authorities even encouraged cigarette smoking in the belief that it was the less dangerous form, in view of what was known about the link between lip cancer and pipe smoking. *N.S.W. Hairdressers' and Tobacconists' Journal*, generally a supporter of pipes, quoted a researcher in *The Practitioner*[350] that "cigarette smoking is the most wholesome" and suggested that the endorsement would encourage cigarette manufacturers "to emphasise the hygienic character of their product." Dr. E.M. Josephson advised in the *Dental Journal of Australia* that "in spite of all belief to the contrary, the cigarette which is not 'loaded' with opium is the cleanest and least damaging form of smoking tobacco. To the popular notion that the paper renders its smoke more toxic, can be retorted that all tobacco is but impure paper". To Josephson, "the most damaging mode of smoking is unquestionably the pipe, and it is among pipe smokers that the highest incidence of carcinoma of the lips and mouth is found." He was writing this in the early 1930s, when the lung cancer link with cigarettes remained a rather remote hypothesis.[351]

Whatever opinions particular doctors had on the relative merits of cigarettes versus pipes, they always worked with the concept of an acceptable level of risk. Even if smoking was dangerous, the *Medical Journal of Australia* was prepared to accept some potentially adverse consequences because it believed the risk to be relatively minor in comparison with the benefits to be gained in terms of the calming effect of smoking, and because, as we have seen, the *MJA* believed that the alternative narcotic drugs which were available were much more dangerous.[352] Doctors sometimes also recommended shorter cigarettes, smoking only half the cigarette, and not inhaling, as ways to minimise exposure.[353] But few doctors in Australia seriously discussed the problem of smoking between 1915 and about 1937, and over this period they chiefly

---

[349] *Australian Tobacco Journal*, 14 March 1903, p. 5.

[350] *The Practitioner*, January 1927, cited in "Doctors and Smoking", *N.S.W. Hairdresser and Tobacconist*, 30 April 1927, p. 3.

[351] Dr. E.M. Josephson, "The Effect of Tobacco Smoking upon the Teeth and the Tissues of the Mouth,"*DJA*, 1 June 1931, p. 347.

[352] *MJA*, 4 November 1939, p. 693.

[353] See comments in *N.S.W. Hairdresser and Tobacconist*, 30 April 1927, pp. 3-4; Dr. Pierre Schumpf-Pierron's review of tobacco effects, cited in ibid., 1 July 1928, p. 13; this book was perfunctorily reviewed in the *MJA*. See *MJA*, 20 October 1928, p. 506; Pierre Schumpf-Pierron, *Tobacco and Physical Efficiency: A Digest of Clinical Data* (New York: Paul B. Hoeber, 1927); *MJA*, 4 March 1939, p. 354: "since many people find it extremely difficult to give up smoking, it appears logical to ask what is the least harmful way of smoking."

2504086305

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

entered the argument over the minimisation of risk by urging moderation. This concept was so important that it requires separate treatment.

f. Moderation

More fundamentally, the alternative to the anti-smoking position was the compromise of moderation. Many people accepted that under some circumstances and for some individuals, tobacco smoking was indeed a health hazard, but refused to accept reformers' advice that it was always so, and for all people. The moderation argument was not new. It was put by smokers in the nineteenth century, and by some medical authorities. In Adelaide in 1878, Dr. Edward Willis Way put the fundamental position: "I am a smoker myself—a very moderate one—and in moderation I believe no harm arises. There are temperaments and conditions that cannot tolerate tobacco in any degree, but the majority of men may indulge without ill effect."[354] The argument was very much apparent in the Juvenile Smoking legislation debates from 1896 to 1910. Both defenders of smokers and some critics in that debate asserted that smoking in moderation by adults was not immoral or unhealthy. Mr. Garrard, Minister of Public Instruction in New South Wales in 1897 stated in a fashion typical of contemporary opinion that: "Although I am not a smoker, I believe that smoking in moderation does some people a great deal of good; but some things, harmless to an adult, are undoubtedly harmful to the younger members of the community, before they have the physical stamina to guard against the danger arising from indulging in such a practice."[355] In the twenties, the argument could also accommodate the vexed problem of women smoking. *Sydney Opinion* contrasted the flappers who smoked "to excess" with "the charming, graceful woman of the world, who has intellect, character and accomplishments." She may smoke "an occasional cigarette" but "these things, far from detracting from, add to her charm and are the spice which gives zest to her infinite variety."[356]

The critical problem with this position was the difficulty of defining the content of moderation. (This is a failing shared with the alcohol question, both then and now). Few advocates stated explicitly what moderation meant. Pipes could be smoked immoderately too, as Way conceded in 1878, but by 1900, the moderation argument was implicitly based on the survival of pipe and, to a much lesser extent cigar, smoking. It took longer to fill and light a pipe than to light a cigarette, and the amount of nicotine absorbed was generally less. A 1960 estimate put the average pipe smoker's tobacco consumption at less than half that daily of heavy cigarette smokers.[357] At least some of the appeal of the pipe came from the sucking

---

354 *Healthy Households* (Adelaide: Advertiser, Chronicle and Express Offices, 1878), p. 11.
355 *NSWPD*, 6 July 1897, p. 1696.
356 *Sydney Opinion*, December 1929, p. 12.
357 *Tobacco Trade Journal*, June 1960, p. 4.

2504086306

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

of the stem and the presence of the pipe did not correlate strongly with a large intake of tobacco smoke or nicotine. Not only was pipe smoking inherently more a practice of moderation than that of the cigarette. The very language of moderation was framed in relation to that practice and closely associated with it.[358] Arguments fashioned in the period of pipe smoking persisted in the popular mentality despite evidence that many people were smoking cigarettes immoderately, in ways that the nature of cigarette smoking alone allowed. J.D. Rolleston, the English physician whose work was both read and republished in Australia, noted this startling fact that "we are rarely informed as to what constitutes a moderate allowance." Rolleston published, based on the advice of another authority, J.J. Waring, that the following rules should apply:

1. Don't smoke until after the age of 21.

2. Not more than 5 cigarettes daily.

3. Don't inhale or blow through the nose.

4. Smoke out of doors and not indoors.

5. Always use a cigarette holder.

6. Smoke only immediately after meals.

7. At least once a year stop smoking for a month or more.

8. Have a health examination periodically.[359]

Grit and *White Ribbon Signal* both republished these rules, while the regular medical establishment did not. *Grit* however omitted Rolleston's caveat that "tolerance for cigarettes . . . varies enormously for different individuals, so that no hard and fast general rule as to the daily allowance of cigarettes is applicable."[360]

Some Australian doctors and newspaper advice columnists attempted to be explicit, especially where this concerned the vexing question of women smoking. Janine Jouet in "My Lady Nicotine," published in the *Australasian Woman's Mirror*, condemned the woman who "makes an absolute orgy of cigarette smoking. Fifty or sixty cigarettes a day constitute the usual quota for this type of smoker, who may be dubbed an addict to the cigarette evil."[361] At the other end of the spectrum was the woman who had an "occasional cigarette," perhaps "with her coffee or tea or after

358 *Sydney Morning Herald*, editorial, 4 April 1899.
359 J.D. Rolleston, *British Journal of Inebriety*, vol. 30 (July 1932), pp. 23-24; J.J. Waring, quoted by M. Fishbein, "Health and Life Series," vol. 3 (1932).
360 Rolleston, "Cigarette Habit," p. 24; *Grit*, 22 September 1932, p. 10; *White Ribbon Signal*, 1 December 1932, p. 236.
361 *Australian Woman's Mirror*, 24 December 1929, p. 28.

2504086307

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

wrestling with a big dose of work." But the problem lay in between, as Jouet admitted. "The trouble is that what is at first an occasion tends to become a custom."[362]

More rare were the attempts to define smoking levels that applied to men as well as women. The *Sydney Morning Herald's* medical correspondent admitted in 1937 that the "amount of tobacco that can be consumed without ill-effects varies with the individual." While some could only smoke five to ten a day, others smoked forty or more "with apparent immunity." Nonetheless, "a ration" of ten or twelve a day was "preferable." "In a moderate amount" such as this, tobacco was "an advantage on account of its soothing effect on the nerves."[363] Dr. S.W. Pennycuick, an Adelaide chemistry lecturer speaking at the summer camp of the Council of Adult Education in Victoria in 1949 claimed that 8 to 10 cigarettes a day would do no harm. "Even up to 18 might be harmless," he added, " but people smoking 30 to 40 were seeking trouble." While he regarded smoking as fairly innocuous, "less oxygen got into the lungs, leading to palpitations and less easy breathing" if people smoked to excess.[364]

Even the trade offered advice on moderation from time to time. Pennycuick's remarks were republished in a trade paper, but this was by no means the first example of trade advice. The editors of *Australian Wine, Spirit and Tobacco News* claimed to be "no advocates for intemperance in smoking" and quoted a nineteenth century medical authority that "the first symptoms of giddiness, of sickness, of palpitation, of weakness, of indolence, of uneasiness, whilst smoking should induce you to lay it [the pipe] aside."[365] In 1928, the *N.S.W. Hairdresser and Tobacconist* contrasted "the apparent seriousness of tobacco smoking in excess" and "the apparent harmlessness of tobacco smoking in moderation," but could offer no concrete advice on how to smoke cigarettes moderately.[366] The *Retail Tobacconist* was more specific. It reassured customers in 1946 that "unless you are a chain smoker, you need not worry unduly over its effect on your health." Nevertheless, the same journal advised smokers to "avoid absorbing too much nicotine." Noting that "three times as much nicotine is absorbed by the inhalers," it suggested smokers not inhale and refrain from smoking or swallowing cigarette buts with their "accumulated poison."[367]

Yet it was through their advocacy of the pipe that the tobacco traders sought most directly to encourage moderation. Trade journals of the pre-World War One and inter-war years asserted proudly the superiority of the

---

362 Ibid.
363 *Sydney Morning Herald*, 18 May 1937, p. 22.
364 *Tobacco Trade Journal*, February 1950, p. 11.
365 *Australian Wine, Spirit and Tobacco News*, 18 January 1900, p. 18.
366 *N.S.W. Hairdresser and Tobacconist*, 1 July 1928, p. 14.
367 "The Spread of Smoking," *Retail Tobacconist* June 1946, pp. 22-23; *N.S.W. Hairdresser and Tobacconist*, 1 July 1928, p. 13.

2504086308

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

pipe. "Cherrywood", a correspondent for the *Argus* reprinted in the *N.S.W. Hairdresser and Tobacconist*, criticised those who preferred the cigarette. The latter had been called "the perfect medium of pleasure", said "Cherrywood," because it left smokers "unsatisfied" but the writer cautioned that "it is very easy to lose count of the number of cigarettes smoked in a day, and though they may be soothing, they are insidious. Too much of the alkali inhaled from them is apt to cause more harm than good."[368] As late as the 1950s, the *Tobacco Trade Journal* argued that the "theme of moderation in smoking deserves emphasis," and linked this to the need to encourage pipe smoking as an alternative to cigarettes. The moderate smoker was the one who could be relied on as a customer. For this purpose the "steady" pipe smoker was better than the immoderate or excessive cigarette smoker. These arguments were ineffective, however. The trade's pleas for "more initiative" in "creating the future pipe-smoker" in the 1950s revealed the way consumers turned their backs upon the pipe as clumsy, old-fashioned, and far less efficient as a deliverer of nicotine.[369]

g. Smoking Behaviour

Not only did smokers persist despite the mounting of anti-smoking campaigns. There is evidence that increasingly some smokers ignored the warnings of the daily press and doctors that smoking should be undertaken in moderation only. The evidence of immoderate smoking is based partly on the evidence of doctors and anti-smoking activists. Activists argued that the addictive quality of nicotine meant that smokers wanted more and more. Hammond told of "victims who have smoked from one hundred to one hundred and fifty a day."[370] More objective commentators in the medical advice literature, like Charles Hill in *Your Body*, a publication in the *Australian Women's Weekly's* Home Library series, were convinced that in the 1940s there was "a very great deal" of "excessive smoking."[371] Excessive smoking to some observers simply meant that people were smoking more regularly, day in and day out. "Smoking," said the *MJA* in the late 1930s, "is probably becoming a more general habit year by year. Once a ritual for occasions, is now almost a concomitant of daily life for many people."[372] Nor do we have to rely entirely on the anti-smoking groups or doctors to reach this conclusion. The trade press itself carried articles that referred to the beginnings of a problem of excessive cigarette smoking in the 1920s, and in the 1940s referred to "smoke hoggers" during the rationing shortages.[373]

---

[368] *N.S.W. Hairdresser and Tobacconist*, 30 June 1929, p. 5.
[369] *Tobacco Trade Journal*, May 1954, p. 24.
[370] *Grit*, 29 April 1909, p. 10.
[371] Charles Hill, *Your Body: How It Works and How to Keep it Working Well*, 3rd ed., (Sydney: Consolidated Press, 1946), p. 52.
[372] *MJA*, 18 June 1938, p. 1069.
[373] N.SW. Hairdresser and Tobacconist, 1 July 1928, p. 15; 30 April 1927, p. 4; 30 June 1929, p. 5; "Who Smokes How Many?" *Tobacco Journal*, December 1948, p. 28.

2504086309

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

Australian Public Opinion Polls found in 1945 that of the 49 percent of adult Australians who smoked, one quarter were heavy smokers, a half medium, and the rest light.[374] Comparable British literature for 1948 indicated that 30 percent of all tobacco was smoked by just 7 percent of smokers.[375] We have no way of knowing how these figures compared with earlier periods. Illustrative examples of heavy smokers are rare in the literature. Whether this is because heavy smoking was not common earlier on, or because the trade papers were embarrassed about the heavy smoker is not known. For the first time in 1948, the *Tobacco Trade Journal* of Queensland published an account which celebrated the heavy smoker and accepted his addiction to chain smoking as a rational choice. Items referring to heavy smokers became more common in trade journals such as this one over the next few years.[376]

But the level of immoderate smoking must not be exaggerated. The extent of that form of behaviour may have been overemphasised by the anti-smoking groups. Most of the increase in smoking that critics continually lamented seems to have occurred since 1945. Consumption of tobacco products on a per capita basis increased between 1903 and 1960 from 1.19 kg to 2.49 kg. per capita,[377] but most of this large jump occurred after 1950. Because of the effects of the economic depression and wartime restrictions on availability, consumption in 1945 was 1.41 kg., an increase of just .22 kg. per capita over the 42 years since 1903. To put the matter another way, consumption in 1945 was just 118 percent of that in 1903, hardly a dramatic aggregate increase. For smokers, the estimated consumption averaged 2.97 kg in 1903 and 2.87 kg. in 1945, a drop of one-tenth of a kilo per capita because of the increasing number of smokers. These figures for 1945 may not be considered to be fair since they were influenced by rationing, and may not reflect the reality of black market conditions. However the figures are not markedly different if calculated for 1940, before the effects of the war had been seriously felt. Then the consumption of smokers is estimated at 3.35 kg, an increase of about .38 of a kilo, or less than .01 kg. for each year since the first Commonwealth figures in 1903.

This statistical picture fits also what we can reconstruct about other aspects of the anti-smoking case. Women, for example, became targeted as one group guilty of excessive smoking. Yet fewer women smoked here than in comparable countries. As late as 1945, only 26 percent of Australian women smoked compared to 36 percent in the United States. The estimate for the mid-1930s is about 16 percent, and the increase over the whole period appears certain to have been a gradual one. The data on consumption of tailor-made cigarettes, universally believed to be the only way white women smoked in the 1920s, is not consistent with a large increase in women's smoking in the interwar period. It is likely, based on

---

374 *White Ribbon Signal*, March 1945, p. 36.
375 *Tobacco Journal*, December 1948, p. 28.
376 "Rather have the Smoke than the Meal before it," *Tobacco Trade Journal*, May 1948, p. 13.
377 Walker, *Under Fire*, p. 34.

2504086310

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

the same set of figures, that women's consumption increased more, proportionately, before 1920 and again after 1935 than in the 1920s and early 1930s.

Estimates for Male/Female smoking rates, 1900-1970

1900	M 72#	F 3*
1910	M 73#	F 6*
1920	M 74#	F10*
1929	M 73#	F12*
1935	M 70#	F15**
1939	M 70#	F 19**
1945	M 72	F 26
1950	M 69	F 27.5
1962	M 57	F 29
1964	M 58	F 28
1967	M 54	F 30
1969	M 45	F 28
1972	M 47	F 29
1976	M 40	F 31
1980	M 40	F 31[378]

[378] # All male smoking figures prior to 1945 are my trend estimates, except that the figure for 1900 is drawn from the observation of Dr. Andrew Ross, *NSWPD*, 6 July 1897, p. 1689. Other observers of the time made estimates in the same range, or slightly higher, though I doubt these more alarmist reports, which were motivated by a desire to make smoking seem a pandemic. See the comment that "Every secretary or manager of a boys' club or brigade knows with myself that 75 per cent of his members smoke, and smoke cigarettes . . ." SAPD, 28 September 1904, p. 172; * figures for women's smoking before 1945 are estimates based on the pattern of increased tailor-made cigarette consumption recorded in the *N.S.W. Year-Books* cited below; women's smoking for 1935-40 is also based on comparative data with the United States, cited in Virginia L. Ernster, "Mixed Messages for Women: A Social History of Cigarette Smoking and Advertising," *New York State Journal of Medicine*, vol. 85, July 1985, pp. 335-36, and trend estimates derived from the post-1945 Gallup survey data in *Tobacco in Australia: A Summary of Related Statistics* (Canberra, Aust. Govt. Printing Service, 1990), p. 18. See more generally Walker, *Under Fire*, p. 93; *The Official Year Book of New South Wales. 1937-38* (Sydney: Government Printer, 1939), pp. 242-43 and earlier issues; *Tobacco in Australia*, p. 18.

2504086311

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

More important, available literature suggests that women did not figure much among the smoke hoggers. One medical researcher noted that although women had taken to smoking, they did not suffer from stomach ulcers as much as men because "they usually smoke milder tobacco and seldom on an empty stomach." That is, women were less likely than men to be chain smokers, and in fact often smoked socially rather than continually.[379] Women's more moderate smoking habits might also be inferred retrospectively from lung cancer data. Women suffered markedly less from lung cancer in the period of the 1960s. (Men had 6.8 times the incidence of this disease among women). It is generally accepted among modern medical researchers that this disease may be correlated with patterns of smoking twenty to twenty-five years before.[380] Research has also indicated that heavy smoking, as opposed to moderate or light smoking, correlates with elevated lung cancer risk, and that other causes of lung cancer, such as industrial pollutants, may account for up to 20 percent of deaths among males. I calculate therefore that on a very conservative estimate there were more than five heavy male smokers for every female who smoked heavily in the 1930s.[381] This conclusion is strengthened by comparative data from Britain published in the trade papers and taken from the Victorian *Tobacco Journal*. In fact, the available comparative data strongly suggests that inferences from the lung cancer rates in the 1960s overestimates the number of heavy female smokers in the 1930s and 1940s, and is not an entirely reliable guide to women's smoking patterns in the 1930s. Women's smoking was probably lighter than such data would indicate. The British survey concluded that women were not immoderate smokers, consumed only one sixth of Britain's weekly tobacco consumption, and constituted only 20,000 out of the total 250,000 Britons who consumed in 1948 more than 44 cigarettes a day.[382]

---

379 "Tobacco and Digestion," *Australasian Pharmaceutical Notes and News*, 10 July 1934, p. 221; *Australian Woman's Mirror*, 24 December 1929, p. 28.

380 Clemmesen, "Lung Cancer from Smoking: Delays and Attitudes," notes that Ernest Wynder's finding of a 20 year time lag as minimum was gradually accepted in the 1950s. (Wynder found 30 years from onset of smoking to death). E.L. Kennaway's team had disputed this in 1951, but accepted it in 1957 (p. 946). See Kennaway, "The incubation period of cancer in man," in R. W. Raven (ed). *Cancer* (London: Butterworth, 1957), vol. 1, pp. 6-23.

381 Calculated from figures present in the *Sun Herald*, 7 September 1965; *Australian*, 8 September 1965; "The Tobacco Problem: The Effects of Smoking upon the Human Body,' in *The Book of Popular Science*, vol. 5, pp. 349-50. They reported the 1954 research of Drs. E. Cuyler Hammond and Daniel Horn of the American Cancer Society. "The researchers found that the death rate from all causes among cigarette smoking was definitely higher than it was for men who had never smoked or who had smoked only cigars or pipes."

382 *Tobacco Journal*, December 1948, p. 28. The same source also stated that the average male smoked 15 a day, the woman six. In Britain in 1958, the average male cigarette smoker smoked 124 a week, the average woman 71 (*Tobacco Trade Journal*, June 1958, p. 6. I have also used the increases in cigarette consumption and the shifts in loose tobacco consumption along with lung cancer rates by gender cited earlier (*Sun Herald*, 7 September 1965; and *Australian*, 8 September 1965, to estimate rates of heavy smoking by gender. The 25-year plus period of development means these figures can be used to calculate female smoking for the late 1930s.

2504086312

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

American data also indicated that in the 1930s, women were far lighter smokers, smoking about one third of the number of cigarettes that men smoked.[383] The Australian data is consistent. I estimate on the basis of the number of women smoking and the size of the tailor-made cigarette market that women were smoking no more than 8 percent of the total tobacco supply by volume around 1930.

The reasons for this different behaviour are no doubt complex. One factor was clearly the correlation with wages. Fewer women worked, and housewives tended to lack access to the extra discretionary income to satisfy their habit.[384] In Australia it was early observed that well-to-do women often smoked, as did gainfully employed women such as those working in factories (as early as 1906) and offices.[385] The flapper concept was based on the reality of women's expanded work opportunities, not on a media image alone.

Far more significant than the increased consumption of tobacco products was the shift in the types of tobacco consumed. This period witnessed a rapid shift from the pipe (few Australians ever smoked cigars) to the cigarette. Pipe tobacco dropped from about 80 percent of consumption in 1900 to just 19 percent by 1938 and 4.2 percent in 1955-56.[386]

% total	1901	1920-21	1928-29	1936-37	1955-56
cig.*	10.38	27.06	55	79.66	95.5
cigars	5.76	3.3	2.1	1.34	.28
pipes	83.86	69.62	42.9	19	4.2

[*includes roll-your-owns]

---

383 Ernster, "Mixed Messages for Women," pp. 335-36.

384 *Tobacco Journal*, December 1948, pp. 28, 30.

385 Hon. A.O. Sachse, *VPD*, 29 August 1906, p. 1165; E.F. Barnard stated for the US that "Women war workers took up the habit abroad and women at home in their men's jobs and new-found independence did likewise." E.F. Barnard, "The Cigarette has made its way up in society," *New York Times*, 9 June 1929, p. 6.

386 "Smokers' Taste," *Sydney Morning Herald*, 17 November 1937; *Australian Encyclopedia*, 1963 ed., p. 517 for 1955-56 figures; Judging from the Wills figures, for 1939 [L.M. Robertson, "Development of the Tobacco Industry in Australia. Part VII - Tobacco Sales" (n.p., W.D. and H.O. Wills, 1974)], the figure for pipes might be slightly higher than the Director of Tobacco Investigation estimates in the *Sydney Morning Herald*, 17 November 1937: these would then be roll-your-own 38 percent; pipe 21.9; cigar 1.34; manf. cigs. 38.76. Earlier figures are estimates based on adding tobacco consumption as roll your own derived from Walker, *Under Fire*, p. 65; *Medical Journal of Australia*, 30 June 1962, p. 1005; and the trend in the use of Zig-Zag papers. These figures are then added to the tailor-made consumption in *N.S.W. Year-Books*, 1936 to 1938; see the trend in consumption of Zig-Zag papers in the same source.

2504086313

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

The drop in pipe consumption was partly caused by gradual demographic shifts. Pre-World War One pipe smokers constituted an aging population, and younger smokers who took up cigarettes in the 1900-1910 period—the period of most dramatic cigarette increase in percentage terms for tailor-made cigarettes—simply remained loyal to their juvenile tastes and habits. While pipe sales dropped noticeably in the inter-war period, tailor-made cigarettes were not the main beneficiary until after 1950. A great many pipe smokers, apart from the many who simply died of old age, seem to have shifted to roll-your-owns, while a significant proportion of the tailor-made market went to women and younger male smokers. The roll-your-own custom grew most dramatically in the 1930s, when smokers of tailor-made cigarettes shifted to roll-your-owns for economic reasons (and to a lesser extent in the decade of war and rationing which followed). Yet the market appears to have increased in every decade from at least as far back as 1910 through to the 1940s, since cut tobacco consumption figures (which include both roll-your-own tobacco and pipe tobacco) at first dipped in the 1890s through to 1910 under the impact of tailor-made cigarettes, and then rose again steadily until the mid-1930s, at the same time that tailor-mades made gradual but less impressive inroads. This pattern cannot be plausibly explained by a revival in pipes, which no one observed at the time, but only in terms of the shift from pipes to roll-your-owns in response to the rise of the cigarette smoking phenomenon. More reliable figures, however, are not available until 1925, and these are derived from tobacco industry estimates cited by R.B. Walker. According to Walker, roll-your-owns constituted 42 per cent of the cigarette market in 1925, 54 per cent in 1930 and 66 per cent in 1936.[387] This means that in 1930, pipe and roll-your-owns accounted for 72.6 percent of the total tobacco market, and with cigars, 74.7 percent. Tailor-made cigarettes made up only one-quarter of the market and even this modest percentage dropped in the early 1930s.

Concomitant with the shift to cigarettes was the growing preference for the milder blended tobacco which alone could make cigarettes a successful competitor against the pipe. The *N.S.W. Hairdresser and Tobacconist* reported in 1929 the beginning of this trend which had already changed American smoking habits. "Heavy Turkish tobacco and so-called straight cigarettes are said to have declined in favour as the new blended, milder type has forged ahead."[388] Women were important in determining this new market shift in the inter-war period. According to Cecil Tregenna, the tobacco expert of the New South Wales Department of Agriculture, "the inclusion of women among smokers was a big factor in the change of public taste to light and mild tobacco in 1920, when cigarette smoking became the fashion in New South Wales."[389]

---

[387] See Walker, *Under Fire*, p. 65; *Medical Journal of Australia*, 30 June 1962, p. 1005. I believe this may be a slight over-estimate, but it correlates with the estimates of the tobacco industry's internal figures in Robertson, "Development of the Tobacco Industry in Australia. Part VII - Tobacco Sales".

[388] *N.S.W. Hairdresser and Tobacconist*, 31 March 1929, p. 13.

[389] *Sydney Morning Herald*, 10 March 1937; also "Cigarette Smoking," ibid., 2 October 1928, p. 13; "Smokers' Taste," ibid., 17 November 1937.

2504086314

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

h. The Sites of Smoking

Tied in with the rise of the cigarette was a dramatic shift in the places people smoked. This shift accounts much better for the anxieties about smoking than increases in per capita consumption. Until the 1910s, it seems that relatively little smoking occurred in public in Australia. When public smoking did occur, as on job sites, on the street, or in crowds, it tends to have been in the open-air and in male company only.[390] Smoking was a segregated activity, both in terms of the places smoked and in terms of gender. In Ethel Turner's immensely popular novel, *Seven Little Australians*, the father, Capt. Woolcot has to retire to his smoking room, a "little slit of a place off the dining room."[391] Woolcot was unwilling to smoke in the company of young children. Another character in the book is a lone stockman who is asked what he does with his spare time and can only repeat to any variation on the question: "Smoke." Smoke and solitude could go together, even when theoretically the smoker was in company. *Australasian Pharmaceutical Notes and News* made the point that "Tobacco smoking is said to be soothing and quieting and conducive to silence, hence a number of smokers will sit and smoke together for a whole evening with little conversation; and the solitary literary worker often finds great solace in his pipe."[392] The houses of the wealthy typically had rooms set aside for smoking. Reflecting on the class implications of this practice, one authority said, "In those homes when the husband is permitted to smoke in any room of the house, the sons will follow the father's example, and the air of the rooms becomes like that of a public house."[393] People in "the best society" would not offend against women in this way. In the early 1920s houses that offered smoking rooms were still being designed for the rich, though the practice could not be afforded for the middle class and rapidly went out of fashion.[394] Of course many in the lower middle and working classes could never have afforded such rooms, and this created conflict between wife and husband reflected in the advice given in the etiquette books as early as the 1880s. Less well-to-do smokers could take to verandahs, perhaps. Mary Grant Bruce's *Mates at Billabong* records the character Mr. Linton and his nephew Cecil smoking there. Gardens and fields were also used, as Captain Woolcot showed in *Seven Little Australians* when his masculine space indoors was invaded by juveniles, but outdoor smoking was not always comfortable or possible due to season, weather or time of day. The smoking reader or writer could not in many cases be expected to smoke outside at night. Mr. Linton

---

390 *Triad*, 11 July 1921, p. 15; *Australian Etiquette, or the Rules and Usages of the Best Society in the Australasian Colonies...* (Sydney and Melbourne: D.E. McConnell, 1885), pp. 157-58.

391 Ethel Turner, *Seven Little Australians* (London: Ward, Locke, 1894, repr. ed. 1973), p. 124.

392 *Australasian Pharmaceutical Notes and News*, 1 May 1913, p. 15.

393 *Australian Etiquette*, p. 280.

394 Roscoe J. Collins, "Domestic Architecture in Australia," *Ladies' Sphere*, 15 June 1921, p. 8.

2504086315

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

"preferred" the verandah only "in summer."[395] Etiquette books concerned themselves mostly with indoor smoking and smoking in public places. They prescribed rules for smoking which excluded smoking before dinner was complete and the gentlemen retired to a suitable room for their smoking. The assumption was that women would not smoke. *Cole's Handbook of Etiquette* stated: "If you must have your pipe or your weed, retire to some apartment kept exclusively as a smoking room. Do not smoke in a lady's presence; not even if her good nature prompt her to yield consent."[396] While some advisers urged the Australian woman to let her husband smoke in her presence after dinner, "if he smokes at all," so as not to "drive him away to get his pipe," the writers assumed that women would not smoke, and made no mention of smoking in public.[397]

Etiquette books still advised some limitations on smoking indoors and on transport in the inter-war period, but the available evidence suggests that opinion on smoking etiquette had begun to change quite dramatically. The beginnings of organised anti-smoking agitation in Australia were closely tied up with this shift. Just as today there is a contest over the rights of smokers and non-smokers in confined spaces, so too did a conflict exist in the 1920s. The only difference is that sentiment was drifting the other way, away from the non-smoking ethic to that in which smoking would be accepted in public spaces. Thomas H. Roach of the Non-Smoker's League noted in 1933 the aggressive behaviour of smokers in the non-smoking section of a Sydney train, and the unwillingness of management to stop people smoking in the railway restaurant despite "No smoking" signs. Restaurants and cafes, too, had become zones of smoke since World War One. "Several city catering firms have now taken down their 'No Smoking' notices," said Roach, "and go so far as to sell cigarettes at the tables, and supply them with ashtrays, thus directly encouraging a breach of the law."[398] Another *Herald* correspondent, J. A. Kearns, recalled in 1930: "The practice of smoking over tables where food is being served did not start in earnest in Australia until about this century was emerging from its 'teens. Now it has become so general that it creates a sort of nausea in those people not addicted to it."[399] This occurred despite the fact that the Pure Food Acts forbade the practice in areas of food preparation.[400] Some smokers, who adhered to the older custom of not smoking before a meal was finished, found appalling the practice of luncheon patrons in restaurants smoking before others had finished.[401] The problem was also manifest in shops which sold food over the counter. Some sellers were

---

[395] *Men, and How to Manage Them* (Melbourne: A.H. Massina, 1885), p. 24; Mary Grant Bruce's *Mates at Billabong* (London and, Melbourne: Ward, Lock and Co., 1911), p. 43.
[396] *Cole's Handbook of Etiquette and Home Culture for Ladies and Gentlemen* (Melbourne: E.W. Cole, n.d.), p. 297.
[397] *Men, and How to Manage Them*, p. 24.
[398] *Sydney Morning Herald*, 4 April 1933.
[399] *Sydney Morning Herald*, 16 April 1930, cited in *Downfall of Demos*, p. 47.
[400] In New South Wales's Pure Food Act, regulation no. 7 Sect. 3 forbad smoking in areas engaged in the manufacture or preparation of food. (Molesworth, *Downfall of Demos*, p. 42).
[401] W. Marsh, letter to the *Sydney Evening News*, 22 May 1925, in Molesworth, *Downfall of Demos*, p. 47.

2504086316

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

prosecuted for smoking in smallgoods shops around 1930, but many seem to have evaded prosecution.[402] The *Progressive Journal* noted in 1935 that "the law which is supposed to forbid smoking in food shops is practically ignored. In delicatessen shops, butchers' shops and fruit shops it is common to see men waiting to be served smoking. . . ."[403]

Other areas of disputation were department stores and the theatre. Public smoking increased in office blocks and department stores, arcades and complexes such as the State Shopping Block that was part of the State Theatre erected in the late 1920s. Said *Sydney Opinion* in 1929:

> Flappers are flappers, anywhere, but with all their coquettishness should they be permitted . . to giggle and raise shouts of laughter, spill crumbs and crackle luncheon papers in the quiet set aide as a haven for State 'shoppers,' and smoke—stubbing out cigarettes on the perfection of walls or rich carpets?[404]

Theatre-goers had noted the increase of smoking at plays and concerts long before this. One declared in 1915 that "this smoking business is over the boundary. I object entirely to such an attempt to import that fashions of the English music-hall into our concert-rooms." Despite the fact that the commentator was a cigar-smoker, he proclaimed that "the spectacle of a man puffing away at a pipe in a concert-hall I regard as disgusting."[405] Picture theatres generally excluded smoking, while music-halls and live theatres followed the English tradition and appear to have allowed it. In an attempt to accommodate smoking, however, the new "magnificent de luxe picture theatre" the Lyric Wintergarden, included at its 1924 opening a smoking circle "above the ordinary circle" where "smoking is allowed during the performances." This was regarded as an "innovation" for Australia, and a "very popular" one to boot, and showed how the increased practice of public smoking tested the limits which various businesses tried to set upon the habit.[406] Until that time, the picture theatres had relied on "smoking lounges" which were exclusively male, where patrons could retire for a smoke during the interval.[407]

The other major area of annoyance was on public transport. In his *Downfall of Demos*, Molesworth noted both passengers and drivers on buses and on ferries in the 1920s.[408] The problem was compounded by the failure of the government transport authorities to provide adequate amounts of non-smoking space. This problem appears as early as 1909, but it was pronounced by the 1920s when non-smoking women apparently

---

[402] Molesworth, *Downfall of Demos*, p. 44.
[403] *Progressive Journal*, 1 August 1935, p. 2.
[404] *Sydney Opinion*, November 1929, p. 68; see on the State Theatres, Diane Collins, *Hollywood Down Under* (Sydney: Angus and Robertson, 1987), pp. 113, 116.
[405] *The Theatre*, 2 August 1915, p. 22.
[406] *The Theatre, Society and Home*, 1 May 1924, p. 9.
[407] *The Theatre*, 1 November 1913, p. 312; see also, "Interval, 'Time for a Capstan'", *To-Day*, 14 November 1931.
[408] *Downfall of Demos*, p. 43.

2504086317

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

forced by crowded conditions to sit in the smoking sections of trams, buses and trains objected to the practice of smoking in these public places.[409]

Not everybody agreed that the invasion of public spaces constituted a severe social problem. Resistance to the non-smoking group came first from males who defended their right to smoke in the smoking compartments. Their etiquette differed from that of anti-smoking activists and from the recommended custom of the nineteenth century, which had often required smokers to extinguish their smokes when in female company. The smoking compartment was, however, a thoroughly masculine space in Australia, and men resented its invasion by non-smoking women. Some claimed women entered deliberately to pick a fight. A *Lone Hand* account in 1919, "In the Smoker," noted the case of a woman who insisted in sitting in the smoking section of a Sydney tram. "Nobody knows why women choose the smoking compartments in preference to all others. The group of men had frequently discussed that point and had come to no decision." One passenger "held that it was owing to sheer stupidity". Another adopted the misogynist position that "no woman ever really knew how she was going or where she was going until she got there." Another "thought it was done for the sole purpose of making the men uncomfortable."[410]

Of course these male smokers did not address the problem of smoking on the street, one which written testimony and street photographs from the 1920s shows to have been common.[411] But they did sometimes refer to the problem of food outlets. Defenders of tobacco rejoined that what was happening in large Australian cities was no different to what had already occurred overseas. One smoking patron in an irate letter to the *Herald* stated that smoking was common in restaurants in France, England and America, and that it "it is not injurious to others in a restaurant, and is really the best part of a meal. so why all the fuss."[412]

Not only did more people smoke in public than before 1914; those who smoked now included women. No evidence has been found either in primary or secondary sources to indicate women smoked in public in Australia prior to World War One. But they did so in the 1920s, though most evidence of women smoking in public suggest that this did not become common until the 1930s.[413] Donald Horne, in *The Education of Young Donald* [414] recalled of the late 1930s that "'Free verse' was one of those newfangled things, like women smoking or modern pessimism . . ." *Man*, a source not sympathetic to the anti-smoking cause, included a

---

[409] *Australasian Tobacco Journal*, 30 April 1909, p. 16; *Lone Hand*, June 1919, p. 15.
[410] *Lone Hand*, June 1919, p. 15.
[411] A set of random photographs, "Sydney on Sight," from *Australian Bystander*, 1 June 1922 showed smoking in five of the twelve, two pipes and three cigarettes. None were women.
[412] *Sydney Morning Herald*, 12 April 1930.
[413] Walker, *Under Fire*, p. 65, mentions a case in Launceston in 1919, but his other cases are taken from 1930 or later. See notes 32 and 33, p. 141.
[414] Donald Horne, *The Education of Young Donald* (Ringwood, Vic.: Penguin, 1967), p. 189.

2504086318

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

vignette of Sydney in the 1890s, compared to the 1930s. "In place of the athletically-striding girl, hatless and smoking, I see a stately, mincing lady . . . moving slowly and sedately with a bowler-hat escort, and being terribly polite." The author, J.H.M. Abbott, reminisced: "I wish you could see Manly of that day—and I wish the staid folk of 'The village' of the 'nineties could see it now. How could they know that . . . North Head would be pin-pricked with the red glow of *ladies'* cigarettes."[415] This tendency for women to smoke publicly underlay the fears of moralists that women were taking to the habit in droves, but the custom also suggests that the segregated nature of smoking had broken down. What was formerly a male custom, limited in place and time, had indeed become a widespread habit rather than a ritual for special occasions.[416]

The segregation of smoking also broke down because of the erosion of control over the trade which tobacconists had tried to exert in their own economic interest. Increasingly cigarettes became available for sale in many places and as almost any hour. Whereas tobacconists' hours were restricted narrowly by law, those of corner grocers were not. Hammond reported as early as 1911 that fruit shops sold cigarettes.[417] The issue was also made more complex by the introduction of cigarette vending machines in the 1920s. The New South Wales Teachers' Federation protested against "the practice of placing slot machines for the sale of cigarettes in the streets and other places where children could have access to them, in defiance of the law."[418] Unlike America, supermarkets did not add to these outlets until the 1950s, when the problem outlined here became more severe still, and drove many tobacconists and hairdressers, with their culture of masculine smoking, to the wall.

PART 3: MEDIA AND BEHAVIOUR

By 1950, smoking patterns had changed. Consumption had increased unevenly but decisively over the first fifty years of the century, gradually more women had taken up smoking, and a very marked change had occurred towards use of cigarettes in preference to pipes. Men, and to a much lesser extent women, now smoked regularly rather than at special times and on special occasions, and a pronounced invasion of public spaces had occurred. Two issues have been raised in attempts to explain these changes: mass media in the form of movies on the one hand, and in the form of advertising on the other. Both involve concepts of consumer manipulation through media images.

a. Movies

---

[415] J.H.M. Abbott, "The Naughty Nineties . . . Sydney Forty Years Ago . . . " *Man*, January 1938, p. 42.
[416] As observed in *MJA*, 18 June 1938, p. 1069.
[417] *Grit*, 11 February 1911, p. 8.
[418] *Argus*, 9 June 1924, p. 8.

2504086319

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

The rise of film has been accepted as a major determining influence upon the increasing propensity to smoke, especially cigarettes. Advertising, says John Burnham in his recent and important work, was "only part of the triumph of smoking at the end of the 1920s." According to Burnham, "generations of Americans viewed 1920s-to-1940s films that were filled with smoke."[419]

In Australia, moralists like Hammond needed little encouragement to believe that films exercised such an evil influence. The film medium itself, and not just its portrayal of cigarettes, was denounced by moralists in the 1920s as a grave threat to the moral fibre of the nation and the British empire. Australian literary and theatre publications sometimes joined in the crusade against the presentation of cigarette smoking, murdering villains in the silent movies. Cinema players, said the high-class literary magazine, *Triad*, "don't know anything at all about behaviour" and suggested that this accounted for the decline in decorum surrounding smoking practices which saw more women smoking, and more people smoking in public.[420] As part of this conservative reaction against American influence, there was much opposition to the portrayal of women as smokers in the movies of the 1920s. This centred around moral opposition to the "evils" associated with women's changing role in society and was presented in evidence at the Royal Commission into the Film Industry, 1927-28. Elizabeth Fordyce, Headmistress of Dulwich Hill Girls' High School in Sydney regretted the false impression of life created by film heroines such as Theda Bara and Gloria Swanson, who were said to be "living in palatial residences, drinking cocktails, smoking continuously, and carrying on innumerable illicit love affairs."[421]

But the portrayal of smoking in early films was often ambiguous. Many early silents were melodramas with clear messages about right and wrong; they tended as much to reflect as to make morality. Thus in one early silent, *Saved from Himself: Or the Curse of the Cigarette* (1910), the director drew upon widespread pre-World War One anxieties about the addictive and unhealthy qualities of the newly popular cigarettes. The poor hero of the story had to be rescued from his pernicious habit by the power of mesmerism.[422] The early 1920s films made in Australia did not put smoking in a good light either, especially where these portrayed women smoking. Directors and audiences had, says film historian Andree Wright in her *Brilliant Careers*, a clear sense of what constituted the "right" woman and the "wrong" woman; the latter was the vamp, and was usually portrayed as such in the early silent Australian films like *The Drought* (1920), *Silks and Saddles* (1921) and *The Twins* (1923) in a most

2504086320

---

419 John C. Burnham, *Bad Habit: Drinking, Smoking, Taking Drugs, Gambling, Sexual Misbehavior, and Swearing in American History* (New York: New York University Press, 1993),pp. 98, 99.

420 *Triad*, 10 September 1917, p. 34; 11 July 1921, p. 15.

421 Quoted in Ina Bertrand and Diane Collins, *Government and Film in Australia* (Sydney: Currency Press, 1981), p. 30.

422 Cited in *Passing Clouds*, Clayton Utz Collection.

20200171381

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

unflattering light. In the last named, the vamp suicides after "a life of intrigue, wickedness, and cigarettes." These stereotypes were based on "cautionary images" typical of "this Hollywood model."[423] In contrast, the good female character in *The Sentimental Bloke* (1921) should be noted; at a time "when city women were portrayed as cigarette smoking vamps who attended wild jazz parties, or drank too much," Lottie Lyell's Doreen was "a wholesome character" who, according to Wright and the contemporary reviews, made the film a hit and won the hearts of viewers.[424]

Some film stars of the teens and twenties, and even occasionally the 1930s, tried to distance themselves from smoking. A leading Australian silent film star, Reg L. "Snowy" Baker regarded smoking as "unnecessary," because it "does not improve any one part of the body."[425] Baker was particularly hostile to women indulging in "the injurious and nerve-wrecking smoke habit."[426] Fan magazines in the 1920s rarely discussed or even hinted at the subject of smoking, probably because it was controversial, but when they did, the evidence is far from suggesting that smoking was systematically condoned or promoted in any way. In an article on Gloria Swanson's 1923 film, *Prodigal Daughters*, the fan magazine *Photoplayer* stated: "Some of the sedate Gloria's admirers will be horrified to see her drinking cocktails, wearing her hair bobbed, smoking cigarettes and carrying her own latchkey—but however, she repents her foolishness in the end and discovers the true value of home." Rising stars and starlets occasionally went so far as to denounce tobacco as Baker had done. One, Ruth Roland, known as the "tomboy of the screen" told *Photoplayer* in 1923 that she didn't smoke because "I know, positively, that drinking, smoking, late hours or dissipation of any kind would be fatal to my physical or mental well-being."[427] As late as the mid-1930s Merle Oberon apparently refused to smoke on screen. "'Smoking is unladylike,' she would insist. 'I won't smoke!'"[428]

The portrayal of smoking did not become more positive until the late 1920s and early 1930s, and was as much a response to a changing social custom as a cause of the change. By 1940, smoking was ubiquitous. In *The Maltese Falcon* (1941), Humphrey Bogart is seen rolling his own at the beginning of the movie; Gary Cooper also appeared opposite Merle Oberon in the 1939 film, *The Cowboy and the Lady*, doing the same. The "greatest puffer of them all," however, was Bette Davis. One famous scene in *Now Voyager* (1942) saw Paul Henreid light two at once and pass one to Davis.[429]

---

[423] Andree Wright, *Brilliant Careers* (Sydney: Pan, 1986), p. 9; Andrew Pike and Ross Cooper, eds., *Australian Film, 1900-1977: A Guide to Feature Film Production* (Melbourne: Oxford U.P., 1980), p. 169.
[424] Wright, *Brilliant Careers*, pp. 6-7.
[425] *Snowy Baker's Magazine*, 6 January 1912, p. 16.
[426] Ibid., p. 89.
[427] *Photoplayer*, 1 December 1923, p. 20; 28 July 1923, p. 15.
[428] C. Cabrera Infante, *Holy Smoke* (London: Faber and Faber, 1985), p. 137.
[429] Infante, *Holy Smoke*, pp. 107, 193; Walker, *Under Fire*, p. 65.

2504086321

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

If movies seemed to imitate life rather than the other way round, this is not to say that the movies lacked social effects. According to film critic Leslie Halliwell, the smoking of two cigarettes shown in *Now Voyager* soon became "the most fashionable smoking habit" imitated in other movies.[430] Historian Robert Sobel has personally testified to the power of the visual media like film and television to shape behaviour.

> I confess to having smoked a pipe while in college and for many years thereafter. As a freshman I had been informed by a girl I much admired that a pipe clenched between my teeth would make me appear mature and worldly-wise. Additionally, Ronald Colman was portraying a college professor in a now-forgotten television series, "The Halls of Ivy." Colman was one of my boyhood idols. He smoked a pipe in the role. So would I. Had I met a different girl and preferred Humphrey Bogart, doubtless I would have taken to cigarettes. As it is, they never appealed to me.[431]

Sobel's point, of course, was that the consumer of media images still made choices about which to follow. Some imitated Humphrey Bogart, but others did not. While there is no question that the movie images of the 1930s and after on the subject of smoking were often powerful inducements to smoke, images of smoking were still sometimes negative, as in the case of the female delinquent in John Cromwell's *Caged* (1950), who goes from being a shy, modest prisoner to a corrupt inmate. As pro-smoking author, G. Cabrera Infante reports: "She becomes a prostitute behind bars. When she leaves jail she demonstrates her availability by showing off her long legs and flicking away a prison-made cigarette."[432]

The results of imitative behaviour were not always positive either. Hugh Lunn, the Queensland writer and newspaperman, started smoking in his early twenties in the early 1960s to impress a girl. "For the first time in my life I lit up and blew smoke out of the left side of my mouth like Paul Newman." But the girl was unimpressed. Lunn recalled: "Every handsome Hollywood actor sucked continually on a cigarette while talking to girls through a cloud of smoke. Yet this girl thought that, of all the people in the world who smoked, I was the one who looked ridiculous."[433]

b. Literature

The cinema's more positive portrayal of smoking by the 1930s seems very significant in hindsight, but prior to the emergence of film, other media

---

[430] Leslie Halliwell, *The Filmgoers' Companion*, 6th ed. (New York: Hill and Wang, 1977), p. 669.
[431] Robert Sobel, *They Satisfy: The Cigarette in American Life* (Garden City, N.Y.: Anchor Books, 1978), p. 4.
[432] Infante, *Holy Smoke*, p. 89.
[433] Hugh Lunn, *Head over Heels* (St. Lucia, Qld.: University of Queensland Press, 1992), p. 115.

2504086322

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

such as plays and novels all used tobacco smoking as a device in their plots. Literature, like many twentieth century films, made smoking glamorous. James Parton had complained about this in the 1880s in his *Smoking and Drinking*. "[T]he cigar, and the pipe too, have 'got into literature,' where they shed a most alluring odour."[434] Parton picked on the example of Charlotte Bronte, who "was, perhaps, one of the few women who have a morbid love of the odour of tobacco, who crave its stimulating aid as men do; and therefore her Rochester has a fragrance of the weed about him at all times, with which many readers have been captivated."[435] There were others too, such as "Byron, Thackeray, and many other popular authors" who "have written passages in which the smoke of tobacco insinuates itself most agreeably into the reader's gentle senses."

Modern pro-smoking authors have agreed with the assessment of this anti-smoking reformer. G. Cabrera Infante, in *Holy Smoke* (1985) observed triumphantly: "From Sir Walter Raleigh, who according to some died smoking, to Evelyn Waugh, who smoked all his creative life, smoking is mentioned more in English writings than in any other literature in the West -- even more so than in Spanish lit. . ." English, concluded Infante, "is undoubtedly the language of smoking."[436]

In reality, literature was not always pro-smoking but, like film, tended to shift in attitude as social customs changed. Much colonial and early federation Australian literature for children and young people, for example, tended to be anti-smoking. Ethel Turner, in *Seven Little Australians* and other popular books, portrayed smoking as a largely masculine and adult pastime in the 1890s to 1910 period, but gradually shifted in her coverage. By the 1920s, women began to appear in her books as smokers. Generally, women's smoking was seen as daring and controversial; children's smoking was frowned upon, and even adult smoking received some criticism. In Turner's 1916 novel, *John of Daunt*, one character, Mr. Middleton, objects to the young Ian buying cigarettes for Con: "Those last laid him out rather badly,"said Middleton. "They made me pretty sick, too," confessed Ian.[437]

These negative responses to male (and female) juvenile smoking remained intact in the 1920s. In Mary Grant Bruce's *From Billabong to London*, Jim, says:

> "I wish you smoked."
> "Not me!" said Wally, sturdily. "You waited until you were nineteen, and I'm jolly well going to."

434 Parton, *Smoking and Drinking*, p. 34.
435 Ibid.
436 Infante, *Holy Smoke*, p. 241.
437 Ethel Turner, *John of Daunt* (London: Ward Lock, 1916), p. 77.

2504086323

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

heavily promoted by ubiquitous advertising.[444] David Walker, too, has highlighted particular advertising that "was designed to attract the man and woman of sophisticated taste."[445] For the United States, John Burnham also rates this influence very highly, as "advertising came to dominate the role of tobacco in American life."[446] Bobbie Jacobson has given a similar interpretation for Britain.[447] More circumspectly, Goodman argues that "whether the advertising was itself responsible, to some degree, for the increasing number of women smokers or whether it was capitalising upon a discernible trend is a moot point. It is also unresolvable since the complex culture of tobacco consumption precludes any analysis in simple terms of cause and effect."[448] Goodman nevertheless concludes that advertising gave women new reasons for persisting in their smoking.

While ads for smoking in Australia quite often included an emphasis on fashion, luxury or glamour, in general they turned less on these matters than on questions of health, economy and an appeal to standards of masculinity. Rarely did ads use film stars, though some appealed through "society" and vice-regal endorsements. Media endorsements derived from film, sport, or radio did not become an important part of the marketing strategies in Australia until the late 1930s, several years after they became popular in the United States, and even then their use was rudimentary and marginal to the marketing of the product. The great era of media endorsements, in line with the slower development of consumer society, would be the 1950s.[449]

Previous authors have recognised the salient role of health in the ads. David Walker has stressed that cigarette advertising in the 1930s promoted smoking as "an excellent way of combating the nerviness that attended modern civilisation." Thus filter tip cigarettes were marketed with the promise "to make smoking even more soothing."[450] The argument about nerves was one kind of health argument, congruent with the old claims that tobacco was a product offering "solace" to the smoker. However, this claim about calming effects was more commonly made during World War One than in the 1930s. Health claims in the 1920s and 1930s ranged more broadly than the psychic effects of smoking alone.

---

444 Walker, *Under Fire*, says, p. 65 that "There are no statistics about the number of women smokers but they seem to have become perceptible about the 1920s." ". . . Cigarette advertising of the 1930s was noticeably directed at the woman smoker."
445 Walker, "Mind and Body," pp. 225, 226 (quote at 226).
446 Burnham, *Bad Habits*, p. 99.
447 Bobbie Jacobson, *Beating the Ladykillers: Womern and S moking* (London: Pluto Press, 1986), pp. 40-51.
448 Goodman, *Tobacco in History*, pp. 106-07; see also M. Schudson, *Advertising: The Uneasy Persuasion* (New York: Basic Books, 1985), pp. 178-208.
449 Roland Marchand, *Advertising the American Dream: Making Way for Modernity* (Berkeley and Los Angeles: University of California Press, 1985), pp. 96-100.
450 Walker, "Mind and Body," p. 224.

2504086324

20200171385

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

Content analysis using systematic samples has been employed to address this issue. For the United States, Viscusi has reported 17 health-related claims totalling 18 percent of all claims between 1926 and 1929.[451] The *Sydney Morning Herald* sample for 1927-37 also reveals a large, though fluctuating number of health claims. Of the 36 ads studied in the sample, 33.3 percent made health claims, much higher than in the American sample; but the incidence of such claims fluctuated, falling from 50 percent in 1927 to less than 10 percent in 1932 and rising again to 30 percent in 1937. The high percentage in the 1920s appears to refer, as Viscusi states, to the attempts of the tobacco industry to counter claims that cigarettes were unsafe. In addition to the sample, large number of ads throughout the period 1927-1939 made health claims, with a strong emphasis on hygiene and purity. Advertisements for Army Club cigarettes in 1928, for example, stressed purity and covertly attacked the reformers allegations about adulteration and opium additives. "Good tobacco needs no 'dope'" the ad went. "If all cigarettes were as good and as regular as Army Club, you wouldn't hear so much about special treatment to make cigarettes good for the throat. Nothing takes the place of choice tobacco and pure rice paper."[452] Country Life was another cigarette characterised by "wholesome purity."[453] De Reszke's Ivory Tips were indeed "absolutely smooth" but equally important, "tasteless and odourless, scrupulously pure and wholesome." The Institute of Hygiene in London had awarded this cigarette its "certificate for Purity, Quality and Merit".[454] De Reszke's tackled the issue of impurity in another way, implying that their high quality tobacco did not require chemical treatment to remove impurities. They contrasted their cigarettes with "some of the cigarettes of to-day, which claim that tons of sand are extracted from their tobacco. They certainly could *not* have been discussing De Reszke Virginias, for De Reszke tobacco never did contain any sand."[455] Another brand, Vice-Regal, more coyly tackled the hygiene issue. At a time when some anti-smoking reformers and medical authorities claimed tobacco could irritate the lips and precipitate cancer (they called this an "exciting cause"), the tobacco company's ads pictured a man smoking their ivory tipped cigarettes with the claim that "There's never a 'bite' in- . . . No tobacco can pass your lips."[456]

In the early 1930s, cigarettes were marketed much more as a means of giving a lift in the gloom of the depression, and were also presented as economical purchases, in comparison with an emphasis on luxury in the 1920s.[457] But the emphasis on health gained ground again in the middle of the decade. Du Maurier's filter tips claimed that "if you filter the smoke

---

451 Viscusi, *Smoking*, p. 40.
452 *Sydney Morning Herald*, 12 October 1928.
453 *Sydney Morning Herald*, 6 September 1929.
454 *Sydney Morning Herald*, 30 January 1928.
455 *Sydney Morning Herald*, 30 May 1927, p. 9.
456 *Sydney Morning Herald*, 30 January 1928, p. 7.
457 E.g *Sydney Morning Herald*, 17 May 1932, p. 5; "the need of today for economy" sold State Express 333's in 1932. Ibid., 11 May 1932, p. 8.

2504086325

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

it's bound to be cleaner."[458] Craven A claimed in its advertising that it was "made especially to prevent sore throats."[459] Another ad presented an "authentic letter" from a smoker who had smoked 44,000 Craven A cork tipped cigarettes "during the past five years or so, and I have never during that time suffered any throat trouble."[460] Viscusi notes that "the willingness to mention health risks in an ad is an implicit recognition that the safety of the product was a salient consumer concern."[461] This observation is confirmed by Australian evidence. The messages of reformers concerning the ill-effects of tobacco were so widely known that the trade found it necessary to counter them. Craven A were indeed marketed as "always free from throat irritation,"[462] but it must be remembered that the word "irritation" was not a reference simply to the smooth quality of the smoke. The word, as we have seen, was widely associated by tobacco's critics with the creation of cancers through smoking. Similarly, Army Club cigarettes were "hygienically free from printer's ink," a reference to the allegation that tobacco's paper contained harmful chemicals used in the manufacturing process of some early cigarettes.[463]

In one key difference from the American case, tobacco manufacturers did not directly confront the argument that tobacco interfered with fitness. This may reflect the fact that college and professional athletics, already such a large-scale "business" in America in the 1920s, had not yet emerged in Australia on such a commercial and institutional scale. American ads included, for example in the case of Camel cigarettes, testimonials from famous athletes that "They don't get your wind" but the nearest Australian equivalent was less direct. Ads showed sportsmen like golfers and tennis players "aglow with life" as Vice-Regal cigarettes claimed.[464] Australian ads were more likely to focus on the throat rather than the lungs, and in the late 1930s to introduce popular musical stars' endorsements rather than those of sporting stars. Richard Tauber, who toured Australia in 1938, announced that "Black and White Cigarettes are best for those who value voice or throat."[465]

Another part of the claim made by historians about advertising highlights the excessive advertising of cigarettes in the inter-war period. Statistics presented by David Walker show that for the metropolitan dailies, though not the weekly magazines, tobacco ads exceeded those for travel, apparel, alcohol, electricity and gas, and a number of other important commodities. However ads for tobacco in the weeklies were fewer than those for alcohol, and in both were fewer than for patent medicines, motor cars, edibles and

---

458 *Sydney Morning Herald*, 24 May 1937, p. 6.
459 *Sydney Morning Herald*, 14 May 1937, p. 6.
460 *Sydney Morning Herald*, 7 July 1935, p. 15 or 18.
461 Viscusi, *Smoking*, p. 39.
462 *Sydney Morning Herald*, 14 May 1937, p. 6.
463 *Sydney Morning Herald*, 4 May, 1927, p. 8.
464 *Sydney Morning Herald*, 9 September 1928, p. 6; Viscusi, *Smoking*, p. 38.
465 *Man*, September 1938, p. 125. These cigarettes, too, had received the high Award of Purity, Quality and Merit by the Institute of Hygiene, London (*Man*, December 1937).

2504086326

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000

In order to pursue this matter further, it must be understood that women did not just start smoking in the 1927-37 period. The significance of this period is that cigarette advertising concerning women became visible in national dailies such as the *Herald*. Prior to this, there is much evidence that some women were already smoking, but the advertising for this group came in the form of discrete ads in high-class magazines like the *Ladies' Sphere* and *Triad*, where a small number of urban tobacconists explicitly marketed "Ladies' cigarettes" as early as 1917.[468] Illustrations in the same magazines, caricatures of actresses in theatre magazines as well as literaryevidence also indicates that women began to smoke in larger numbers around the time of the first world war, and that a slow increase centred in the elite and such groups as artists occurred in the 1920s. The *Theatre Magazine* had ads featuring women smoking as early as 1911, when they showed a picture of actress Mabel Morgan, currently appearing at His Majesty's Theatre in Sydney.[469] She endorsed Rosman's handmade cigarettes as "The sweetest and purest I have smoked." Photos, though not ads, showed such women as Dorothy Brunton of the Royal Comic Opera Co., bringing the practice to Sydney. Later, in the 1920s, women like Sadie Gale, wife of Roy 'Mo' Rene, appearing smoking on another cover of *Theatre, Society and Home*.[470] These were the leaders in changing opinion. The *Australasian Pharmaceutical Notes and News* observed this trend among the elite and the fashionable as early as 1913, when pointing out that "the habit of smoking among women is said to be on the increase in Australia". The same journal commented further: "Tobacconists say that ladies are among their best customers— at least, this is the experience of some city shops."[471] Of course these women may have been buying for male partners, but cigarette ads explicitly targeted and recognised the fact of (small but growing numbers of) women smoking.

When national advertising of women smoking first appeared at the end of the 1920s, it fairly clear that women were already smoking in larger numbers, possibly around one in every ten women, though the numbers were not nearly as great as some anti-smoking alarmists indicated. American advertisers began to target women in this period on a mass scale, beginning in 1927, but they did so in advance of Australia, and their efforts were watched with grave suspicion here. Robert Sobel, in *They Satisfy*, shows how Lucky Strikes were promoted in the late 1920s in a very successful advertising campaign by emphasising their slimming qualities: "Reach for a Lucky instead of a Sweet," the ads chorused.[472] But

---

[468] *Ladies' Sphere*, 15 April 1939, p. 39, March, 1918, p. 39; *Triad*, 10 October 1917, p. 20. A.A. Marks, Sydney's Premier Tobacconist stated that "the modern woman is more fastidious than mere man - and you dare only offer her the very best."

[469] *The Theatre*, 1 August 1911, p. 8, and many other issues.

[470] *The Theatre*, 1 October 1911, p. 37; *Theatre, Society and Home*, 1 February 1926, p. 43.

[471] *Australasian Pharmaceutical Notes and News*, 1 November 1913, p. 13.

[472] Sobel, *They Satisfy*, p. 100. Actress Constance Talmadge said in one ad: "Light a Lucky and you'll never miss sweets that make you fat." (p. 101). From 1925 to 1930, Lucky Strike sales went up 215 percent while total cigarette production rose 50 percent (p. 103). Sobel commented: "While it is obvious that these campaigns induced people—especially women—to purchase Luckies, we cannot say how many would or would not have smoked

2504086327

Source: https://www.industrydocuments.ucsf.edu/docs/tqhl0000